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Partnership for Change: Linking Schools, Services and the Community to Serve Oakland Youth

A REPORT BY THE
URBAN STRATEGIES COUNCIL
IN CONSULTATION WITH THE
OAKLAND INTERAGENCY GROUP
FOR SCHOOL-LINKED SERVICES

OAKLAND, CALIFORNIA AUGUST 1992 Digitized by the Internet Archive in 2025 with funding from State of California and California State Library

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For additional copies of this report please write to the Urban Strategies Council at 672 Thirteenth Street, Suite 200, Oakland California 94612, or phone: 510/893-2404.

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In gratitude and respect,

Angela Glover Blackwell Executive Director Urban Strategies Council

Susan Lubeck Project Director Urban Strategies Council

Preface

This report is about services: how they are currently used in Oakland and how to better utilize the public investment they represent to improve, on a large scale, the well-being of low-income children and families. While we continue to push for greater investment to reach all those in need, we call for collaboration—for meaningful partnerships among service providers and between providers and families—as a means of improving the effectiveness of existing services and transcending some of the limitations and failures of our current system.

We believe that effective services are an important dimension of poverty reduction and urban revitalization. However, we are keenly aware that even the most effective services will not raise the minimum wage, increase the availability of jobs with good wages and benefits, make health care affordable and accessible, or eliminate discrimination. These issues demand action from national as well as local leadership.

But in Oakland and across America, there is an emerging consensus that we must revamp the way health care, education, and social and economic assistance are made available to low-income families. All too often, these services are provided haphazardly, almost grudgingly, by a society that views those in need of support as undeserving. It is time to stop making social policy by anecdote and stereotype, and start focusing on facts.

The facts and data in this report depict a community struggling to survive. Some people

are using the services well, managing against the odds to get the support they need to help their families thrive. Many others are foundering, either locked out of the human service system entirely, or caught in a confusing, disjointed, and sometimes punitive web of crisis services. The data also reveal enormous racial and ethnic differences in the way services are made available and utilized. These differences tell us something about families, their cultures, histories, and needs. They tell us something about service providers whether they are accessible and sensitive. And these disparities tell us about society and its failure to grapple with differences in language and culture, to provide sufficient economic and social opportunities for all groups, to eradicate racism. It is incumbent upon everyone, not just service providers, to strive to correct these societal failures.

America needs a new urban policy that focuses on fairness, human development and economic opportunity. That policy must be the product of thoughtful analysis based on accurate data and a willingness to ask and answer the hard questions. This report attempts to provide that thoughtful analysis with respect to the service system. We hope it serves as a foundation for a broader urban revitalization strategy in Oakland and beyond.

Urban Strategies Council August 1992

Prologue: One Family's Story

Rene Williams,* 18, has a 3-year-old daughter and a 7-month-old son. Short and sturdily built, with the round face of the child she used to be, Rene is a smart, savvy veteran of social service programs. She talks in acronyms—AFDC, SAM, GAIN, CPS—and describes her life in terms of "before I was being case managed" and "after." She is nevertheless in danger of falling through the cracks in the social service system, and taking her two children with her.

Rene was in foster care briefly at 10, when a social worker found her mother's home unfit for children and removed Rene and her three siblings. Her mother cleaned up the house, and got her children back within months, but Rene remembers the experience as traumatic. She became sexually active at 13, and got pregnant almost immediately. A miscarriage in her fifth month of pregnancy left her depressed, and she got pregnant again the next year. "I felt very empty," Rene recalls. "But if I could have gotten some counseling, talked to someone about how I felt, I never would have gotten pregnant then."

Once pregnant, Rene enrolled in Alameda County's School Age Mothers program at her high school in Hayward and thrived there. But she couldn't get child care at the school site, and when her daughter was born with health problems, Rene began staying home to care for her. "That was before I was being case managed, and I didn't have anybody I could really go to. So I started cutting school."

Her mother, whom Rene was living with, pressed her to stay in school and leave her child with a neighbor. Conflict between them escalated, and Rene moved out. She bounced from friend to friend, then wound up homeless, and pregnant again. Rene made the rounds of homeless shelters and welfare motels in Oakland and Hayward for four months, until a child protective services worker tracked her down, and threatened to place her children in foster care if she didn't find housing. The family found a place in Oakland's Brookfield Village, in a rodent-infested apartment where the windows didn't open.

* a pseudonym

But there was new hope in Rene's life: Crystal Rhodes, a case manager for teen parents at the East Oakland Youth Development Center. The relationship changed her life, Rene says. "She's been like a second mother to me. She's very consistent, and she kicked my butt. Crystal would come over with food and diapers for the baby. She helped me potty train my daughter. She told me I had to go back to school."

Before Rene could get stabilized, though, her housing situation fell apart again. Leaks in the plumbing attracted mosquitos, which were

> Rene's personal relationship with her case manager made the most impact on her life, but few systems are designed to nurture the kind of one-on-one bond that struggling individuals often need.

plaguing her two children. The electricity was faulty, with wires exposed.

Tired of complaining to her landlord, Rene moved out, took him to small claims court for back rent, and won. "She's an amazing girl, a real fighter," says Crystal. Rene is proud of what she accomplished, too. "Crystal says I should go to law school, but first I have to get my GED."

But now Rene is living in Richmond — she couldn't find a place she could afford in Oakland — and Crystal isn't her case manager anymore. She's doing some babysitting to bring in extra money, taking in three children several days a week, in addition to her own two. Several months ago she was hospitalized with chest pains, which doctors linked to stress. She's been unable to lose the weight she gained with her pregnancies, and diabetes runs in her family, she says. At 47, her mother has already had several heart attacks and strokes. Rene sees her mother's health and personal problems being handed down to her, a bleak, unavoidable inheritance.

"What would have made a difference for

me?" Rene ponders the question for a long time, looking deeply tired. "If my mother could have really been there for me when my baby was born, but she was too busy with her own life. If I'd gotten some counseling after my miscarriage, so I wouldn't have gotten pregnant again. If I could find another case manager like Crystal, someone who'll jump on me and get on my case and tell me what to do."

RENE'S LESSONS

Rene's story makes clear what families, schools and social service agencies are up against today. Many of her larger problems can't simply be "serviced:" no agency can change her family history; the scarcity of affordable housing, which threw her into crisis repeatedly, is beyond the scope of most service efforts; no case manager can keep a client in his or her jurisdiction when circumstances dictate she move.

Yet it is also clear at several points in Rene's story that better, more comprehensive

services would have made a difference. She was known to the human services system as early as age 10, when she was placed in foster care. Had the family gotten more support at that point, her mother might have been better able to care for Rene, making future social service intervention unnecessary. Throughout her adolescence, Rene herself was known to an alphabet soup of agencies, but only her personal relationship with Crystal Rhodes made a real impact in her life. Yet few systems are designed to nurture the kind of one-on-one bond that young people like Rene often need.

And there's another sobering lesson from Rene's story: Many of the public resources that have gone to Rene and her family over the years were invested poorly, or even wasted, without providing the additional supports and opportunities they needed to put their lives together. Until we commit to providing the human connection and support that struggling families need, we will continue to waste time, money and lives.

Introduction: A Call to Partnership

Partnership For Change: Linking Schools, Services and the Community to Serve Oakland Youth is the work of the Urban Strategies Council and the Oakland Interagency Group for School-Linked Services, a consortium of public health, education and social service providers. For almost two years, the Council and the Interagency Group have collaborated on an unprecedented survey of the wide-ranging public service use of students attending eight schools in Oakland's flatlands. This report presents those findings, and explores how services can be overhauled and coordinated to serve families more effectively.

But it has a more fundamental, far-reaching goal: To reframe the way we think and talk about family needs and family services, not just the way services are provided.

Partnership For Change will show that:

- Our current system is outmoded because many of the assumptions that framed it are obsolete. Specifically, we must cast aside the notion that families who need publicly funded health and social services are the exception: In much of Oakland, they are the rule.
 - In the eight flatland schools studied, almost two-thirds of all students were known to at least one human service program, and almost a third relied on two or more programs. High numbers of language-minority and immigrant families, who use fewer services than the American-born, no doubt dampened service use in this sample.
- What were once seen as unusual crisis situations teen motherhood; a lack of health care; housing instability; drug abuse; inadequate job training and education; insufficient parenting support are now common problems. We will fail if we keep addressing these problems as though they are rare, and pay insufficient attention to the causes and the effects of these conditions.
- Our human services system must be overhauled to make parents and the community respected partners in the design and delivery of

services, in order to meet families' full range of needs, and enable them to help themselves.

STRENGTH AND CRISIS

Our survey found some encouraging signs of family and community strength:

- In all eight schools, reliance on AFDC was lower, in some cases far lower, than the school district had believed.
- Among children on AFDC, we found little evidence of higher incidence of the social problems that some analysts believe are related to welfare recipiency.
- Some families and communities are using the system well, to seek preventive health and social services.

But there are also alarming signs of crisis:

- Thirty percent of families are using at least one crisis service, such as child welfare, probation, or homeless assistance.
- A small but needy subset of families is using many crisis services, with little or no coordination of effort among the agencies involved.
- The students who are doing most poorly in school, as indicated by grades, test scores, special education placement, suspensions and absences, are also disproportionately using crisis services in the child welfare, criminal justice and mental health systems.

This crisis-driven system is extremely expensive:

- At Lockwood Elementary School alone, the public agencies surveyed are spending an estimated \$9 million annually on students and family members. While \$7.5 million is going to income and housing subsidies, a full \$1.4 million is being spent on health, child welfare and other services.
- At Castlemont High School, the spending total is estimated at almost \$11 million, \$8.1 million of which goes to income and housing subsidies. More than \$1 million is spent annually

on families with students at Castlemont in child welfare and juvenile justice programs.

Despite this level of public investment, we know many family needs are going unmet:

- County Mental Health serves only one in five children estimated to be in need of treatment.
- The GAIN welfare-to-work program has a waiting list of over 1200.
- Some 27,000 people are on the waiting list for Oakland Housing Authority assistance.
- A federal study found that only 38% of Oakland children under 2 years old were fully vaccinated.

The Interagency Group for School-Linked Services believes two of the major survey findings have enormous implications for action: that most students' families use public services, and that the core group of students having the most trouble in school also use many public services, particularly crisis services. These findings point to an obvious conclusion: Schools and public agencies should be collaborating on and coordinating their efforts to address the needs and problems of their common clients.

SERVING THE SAME CLIENT

The need to maximize public investment in social services and better serve low-income families has fueled a movement to provide comprehensive, collaborative services in Oakland and nationwide. There is near-consensus about the problems with our current system:¹

- Services are crisis-oriented, rather than preventive in approach and address perceived deficits rather than build on family strengths;
- The system divides problems into rigid categories, ignoring their interrelated causes, effects and solutions;
- Agencies serving the same people rarely communicate with one another, let alone collaborate;
- Funding is inadequate to provide existing services to all those who need them, so invest-

- ing in collaboration takes a back seat to addressing crises;
- Services are funded at the federal, state and local level and no single agency is accountable for local family outcomes.

In Oakland, the Interagency Group for School-Linked Services has been discussing these issues for almost two years. Its members came together in September 1990, for a meeting sponsored by the Urban Strategies Council and the Oakland Unified School District, "Serving the Same Client." Participants shared their experiences in trying to work across local agency lines, and heard representatives of promising projects outside Oakland describe the benefits and the difficulties of interagency collaboration.

That meeting and subsequent discussions led the group to begin the survey of service use in eight schools described in this report. Its findings only bolstered the group's founding premise: that better coordination of their efforts would better meet the complex needs of Oakland's families. Their work is guided by a Statement of Principles (see box), which outlines the group's commitment to providing simple-to-use, comprehensive services. The group is particularly committed to meeting the diverse needs of Oakland's many ethnic and racial communities, many of whom aren't well served by the current system. "Many existing services are outmoded and don't meet the needs of today's families," insists Superintendent Richard Mesa, an active member of the Interagency Group.

In addition to highlighting the results of the school data match, this report examines the implications for interagency collaboration which the data match presents. To prepare the report, the Urban Strategies Council met with dozens of teachers, school staff, welfare workers, case managers, counselors, nurses and other service providers, as well as parents and community leaders, to assess their views about to what extent family needs were being met by the current system. The Interagency Group has been inspired by the New Beginnings project in San Diego, where a similar study of social service use by families of children attending Hamilton Elementary School resulted in promising new joint ventures to meet those families' needs.

STATEMENT OF PRINCIPLES

The agency partners wish to work hand in hand with school sites so that new resources can be tailored to the strengths and needs of each school, its students, and its community. The Interagency Group has developed a set of principles on which to build new ventures:

- 1. Resources should be simple for children and families to understand and to use. Families should not have to tell their problems to ten strangers to get help.
- 2. Assistance should not be withheld until a problem has escalated to a crisis: Resources must be available for prevention and early intervention, and should be shifted where possible from the "back end" to the "front end."
- 3. Additional resources provided to schools by human service agencies must be focused on helping schools more effectively include students in the school community, rather than removing or separating students from the mainstream education environment.
- 4. Services should build on family strengths. Thus, voluntary, proactive activities and opportunities such as recreation, adult education, athletics, music, support groups, should be available in conjunction with more targeted services such as counseling

- or case management. This requires a shift in orientation and partnerships with neighborhood and religious groups and voluntary organizations.
- **5.** Services must be flexible and culturally responsive. This requires appropriate staff recruitment and training; and resources for appropriate outreach and communication.
- 6. All resources, educational and otherwise, should be focused on fostering children's overall development, including physical, emotional, social, and cognitive development.
- 7. Services must make provisions to meet family-defined needs, including basic survival and safety needs, as well as needs identified by professional helpers.
- 8. Agency lineworkers and school staff charged with new tasks and challenges must be involved in the process of goalsetting and service design, receive adequate training, and be accorded autonomy proportionate to their accountability. As a corollary, program design must respond to locally identified needs and conditions, and mesh effectively with existing programs.

In Oakland, we are still exploring what concrete forms collaboration will take. The Interagency Group's members are committed to working closely with the Oakland public schools, because schools are the only institution with daily responsibility for and contact with the great majority of our youth. Additionally, the commitment of Superintendent Mesa and the Oakland School Board to addressing the life circumstances of Oakland students has created a rare opportunity for genuine partnership between schools and

service providers.

Schools can become a focal point for the community, we believe, serving as neighborhood centers where adults and children can find a wide array of supports and opportunities. The group recognizes, however, that schools do not have a monopoly on insights about what children and families need. All partners must participate in designing what will be offered to families and how genuine collaboration will be accomplished.

Section 1: Understanding the Data Match

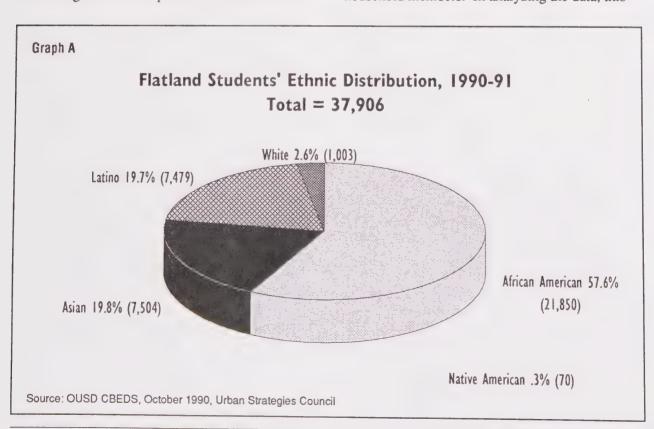
The data for this survey were obtained by electronically matching student records from eight schools with the data bases of 19 income. health and social service programs, primarily those run by city or county government. The data match involved students enrolled at eight flatland schools during the 1990-91 school year [see Appendix G for map of schools]. The schools— Hawthorne, Hoover, Melrose and Lockwood elementary schools; Calvin Simmons, Lowell and Madison middle schools and Castlemont High School — fairly closely reflect the demographics of the district's flatland schools [see graphs A, B]. All have many low-income families, and all have low achievement indicators, with between 66% and 83% of students scoring below the 50th percentile. Some schools were chosen because of their diverse enrollment of Latino and Asian students along with African-Americans and some whites, as well as several schools whose enrollment is almost entirely African American, to look at how differences in language, race and immigrant status might affect service use.

To protect confidentiality, County Data Processing removed all personal identifiers before turning the data over to the Urban Strategies Council for analysis.

The table on page 14 lists the programs included in the match and shows how they were grouped into program types, referred to as "income," "prevention/maintenance, and "crisis." Appendix E is a primer to the agencies and programs in the study.

STUDENTS AND HOUSEHOLD MEMBERS

If students had contact with the county Social Services Agency (SSA) — meaning they or their families either received income support, or had contact with child welfare services — it was possible to identify other people living in their household during the 1990-91 study year, including siblings, grandparents, stepparents, aunts or uncles. Those household members were then matched against the other service programs in the data match. Just over half the students — 4,196 — were known to Social Services, creating an important subset of students: those for whom we were able to examine the program use of household members. In analyzing the data, this



report will frequently distinguish between what we know about the larger group of students, and what we know about this subset of students and household members. As used here, each of the 4,196 "households" actually represents a student and all the people he or she lived with over the course of the year.

TIMEFRAME USED

The study was based on the period July 1, 1990 to June 30, 1991. All students who attended the study schools during any part of that time were included; thus the total number of students counted for each school usually exceeds the official district enrollment, since it includes students who came mid-year, or who moved, transferred or dropped out over the course of the year.

In looking at the service programs, a person was counted as "known to" a program if she or he had contact at any time during that year. There are exceptions: for child welfare services, it was only possible to determine whether a person was under investigation or receiving services at the moment of the match, or alternatively, at some time previously. Being known previously could mean that service ended in May 1990, or as far back as 1979. Thus we differentiate between

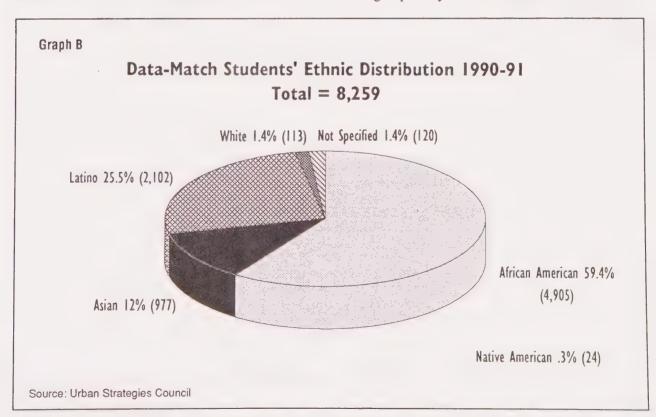
The data match looked at how differences in language, race and immigrant status might affect service use.

"child welfare active" (known now) and "child welfare inactive" (known previously). Adult Probation could only tell us if an individual was ever known to that department.

WHAT THE STUDY DOES NOT SHOW

Although some services captured in the data match suggest need or otherwise describe family circumstances, in no way can the data presented here be used to paint a meaningful picture of family needs, either met or unmet. Appendix C provides Indicators of Unmet Need, which shows that many agencies are not serving nearly the number of families who need their services.

What it means to be known to a particular program varies tremendously. For example, although receiving AFDC may be less desirable than earning a living wage, AFDC is preferable to living in poverty with no source of income.



Because our data does not identify families who are poor but do not receive public assistance, the study tells us about poverty only inferentially. As another example, young women enrolled in the CTAPP Program are teen parents facing major challenges in completing school and raising their children. Yet they represent a motivated subset of teen parents who have sought out and secured extra support to stay in or return to school. For this reason we categorized CTAPP as a "prevention/maintenance" program.

Finally, because the study encompasses almost exclusively services run by local government, it captures almost all crisis and income services, but doubtless underestimates the extent to which families are using proactive, preventive community resources and services. Some of the

major preventive programs not included are: non-CHDP funded health care provided by private physicians and six primary care clinics operated by Oakland community-based organizations; use of cultural and enrichment resources such as libraries and Parks and Recreation services; use of the Regional Center or other services targeted for people with disabilities; early child development programs including Head Start; and the whole array of support services and resources available through a rich community of non-profit organizations, churches, friends, and fraternal organizations. On the other hand, there is at least one crisis-type service not included here: contacts with the Police Department. Also not included were Alcohol and Drug services.

PROGRAMS INCLUDED IN THE SURVEY BY CATEGORY

INCOME	Prevention/Maintenance	Crisis
AFDC-FG and AFDC-U (1 parent and 2 parent)	MediCal-only (i.e. without cash benefits; all those receiving AFDC also receive MediCal cards)	Homeless Assistance (cash aid available to homeless families who are AFDC-eligible)
Food Stamps-only (i.e. without other cash benefits; 80% of those receiving AFDC also receive Food Stamps)	MediCal Minor Sensitive Services	Mental Health (includes services provided by nonprofit agencies by contract with County Mental Health as well as County services)
General Assistance (a cash benefit program for adults without children)	GAIN (education/training program)	Child Welfare —investigation and/or services in cases of abuse or neglect (includes families presently active or active in past)
Housing subsidy (Oakland Housing Authority)	JTPA (job training)	Hospital Inpatient or Emergency
	CHDP screenings (well-child screenings)	Juvenile Probation
	County-run Health Clinics	Adult Probation (active in present or past)
	Hospital Outpatient services	
	Public Health Nursing	
	CTAPP (school-based comprehensive program for teen parents)	

Section 2: What the Data Match Reveals

When the Interagency Group set out to design the data match, we began with some basic assumptions. In choosing flatland schools, we expected to find that significant numbers of families received income assistance, and that some families were served by multiple programs. But we were unprepared for the extent of service use the data match uncovered, especially crisis services, and by the high level of overlap among programs.

This section, which presents the major findings of the data match, is rich with information and very dense. We have tried to be conservative in interpreting the data, while drawing necessary policy conclusions from it. At the very least, we think the data match findings raise the following basic questions about our system of service delivery, and we hope these questions will frame the analysis that follows:

■ Given the high level of service overlap and the extent of families' reliance on crisis services, are we using resources as effectively as we could be?

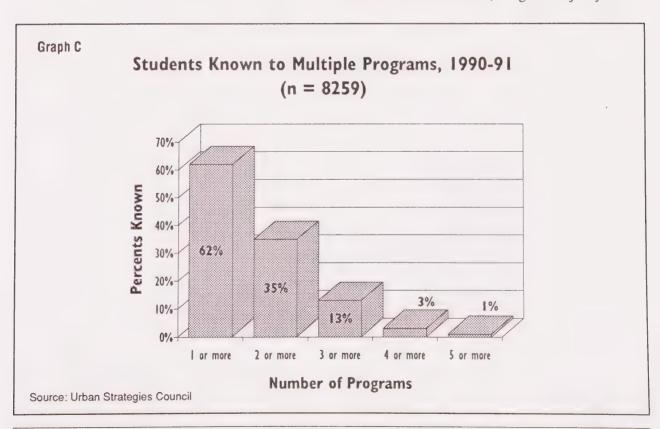
- What is the role of race and ethnicity, and racial and ethnic discrimination, in the widely divergent patterns of service use?
- If, as the data match shows, students who are having trouble in school are also high users of public services, can we better target and coordinate school and community programs to serve this high-risk group of young people more effectively?

In the sections that follow, we lay out the highlights of the data match, and then analyze the data in terms of race, language and immigrant status, school indicators and other program use.

I. DATA MATCH HIGHLIGHTS

A. Almost two out of three students in the study used public services, and large numbers were known to several programs at the same time [see graph C].

Clearly, there is a significant level of public investment in these families. Although some services are coordinated, the great majority are



not, and there is no doubt duplication of effort, particularly in intake, screening and eligibility determination. This duplication is likely to be intrusive and confusing for families.¹

- Almost two-thirds of students were known to at least 1 program in the base year.
- One-third of the students were known to 2 or more programs. Thirteen percent of the students were known to 3 or more programs.
- Among the subset of students known to Social Services Agency, it was possible to examine family members' use of services. Almost a third of the "households" were known to 4 or more programs. Fifteen percent were known to 5 or more programs [see graph D].
- B. Students who are having trouble in school, as measured by such indicators as suspensions, frequent absences and low achievement, are also more likely to use public services.

This relationship between school problems and use of government services points to the importance of collaboration between the school district and other agencies. The fact that a large

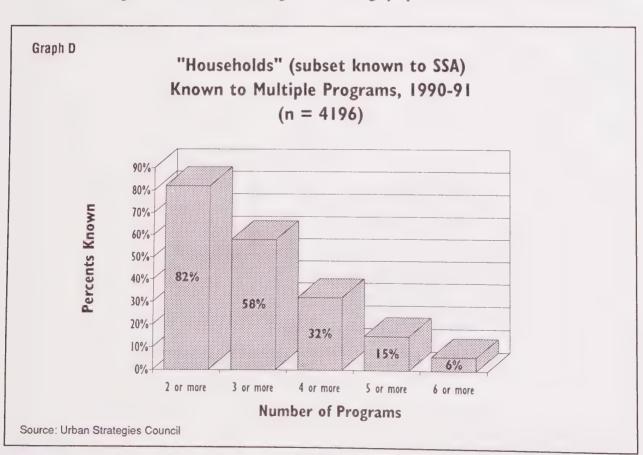
majority of students showing poor educational outcomes are known to at least one program means we are already investing in these students, and our investments should be maximized to improve overall outcomes.

[See section III below for more detailed discussion.]

C. More resources are devoted to crisis responses than to prevention and maintenance supports. But there are also encouraging signs in some patterns of program use.

The data reveal that a significant proportion of families were known to crisis programs. In addition to the trauma that being known to such services implies or creates, we know that as a rule these are expensive programs whose use could often have been prevented.²

- Thirty percent of students had been known to at least one crisis program.
- Among the subset of "households" known to SSA, almost two-thirds were known to one or more crisis programs.
- High proportions of the students have had



contact with the child welfare and juvenile justice systems. Overall, 19% of students had contact with child welfare and 12% with juvenile probation.³ Among older students, the numbers are much more dramatic. At Castlemont, 42% of high school males had contact with juvenile probation.

Findings in some key program areas were encouraging.

- AFDC⁴ rates were lower than district estimates for every school in the match. Actual rates ranged from a low of 26% to a high of 59% for the eight schools. By contrast, district estimates ranged from 32% to over 100%. Contrary to common stereotypes, the large majority of most schools' families are self-supporting, though many may still be poor.
- A high proportion of students had the benefit of at least one Child Health and Disability Prevention-funded physical exam during the base year: 23% of all elementary students. However, many more students were eligible for this state- and federally-funded service than received it.6
- Our findings do not support the stereotype that welfare recipiency fosters or is highly associated with other family problems. Although in general, children receiving income benefits were more likely to use other programs than children who did not, they were most likely to use housing, health crisis services, and employment/training services. While they were slightly more likely to be known to child welfare, they were no more likely to be known to probation.

D. There are strong relationships between race, language and service utilization. [See section II below for detailed discussion.]

High numbers of African Americans and Asians in the study used public services. Asians and African Americans were more likely than other groups to use income and prevention/maintenance services, but African Americans were most likely to use crisis services, and Asians were least likely. The small number of whites in the study showed service use patterns similar to

African Americans. Latinos were by far the lowest users of services. Similarly, those designated limited-English speaking by the school district had significantly lower service use than others.

E. Many families and children in the study moved frequently, and mobility appeared to be linked with high program use and low school performance.

- The school district calculates a "mobility index" for each school based on the number of entries and withdrawals at the school as a percent of its enrollment. This index ranged from 29% to 61% in the eight study schools.⁷
- At Castlemont High School, almost one-fourth of the students (23%) had no reported Grade Point Average, meaning they attended for less than a marking period.
- The data match reveals that family living arrangements — i.e. the adults children lived with — were also subject to considerable change. Of the subset of students known to the Social Services Agency, 16%, or 660 children, lived under the care of at least two different adults in two separate households over the course of the year, and African American students were most likely to change households. These figures do not include children in joint custody arrangements, or those who lived briefly with another parent, relative or friend — only those whose move was so permanent that their public income benefits went to another household or, in cases where child welfare was involved, where another adult was formally responsible for the child.
- Although Homeless Assistance reaches only a fraction of families who experience homelessness, the number of students receiving Homeless Assistance during the base year was strikingly high: 8% of all students.

The frequency with which students' lives and learning are disrupted by transfers from one school to another presents a special challenge to educators and service providers. It reinforces data about the lack of affordable housing in Oakland,9 and underlines the need for increased coordination and collaboration, to enable providers to

focus on helping families deal with the crisis situations that contribute to mobility and instability — and on helping families to retain services when they must move.

II. HOW RACE, LANGUAGE, AND IMMIGRANT STATUS AFFECTED SERVICE USE

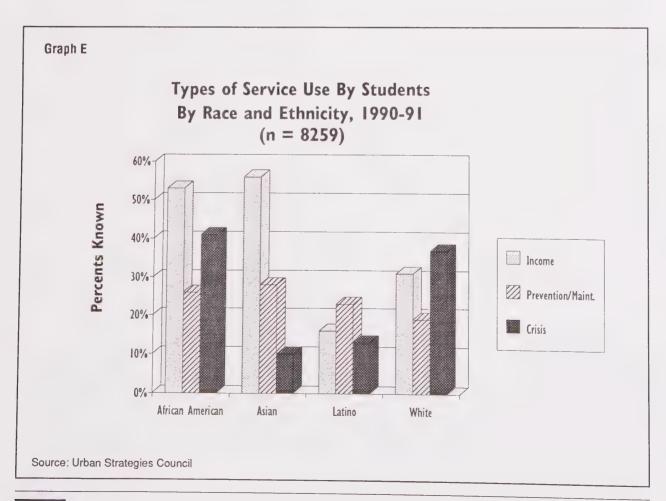
A. RACE

The racial patterns of service use uncovered in the study are intriguing, and call for much discussion among policymakers and service providers [graphs E, F]. The data challenge some myths and stereotypes about who relies on welfare and other social programs, but they also suggests that some groups' needs are not being met as effectively as others'. (Table 1 of Appendix A contains detailed breakdowns of service use by race.)

 Asians and African Americans showed very similar use of income and prevention/maintenance programs, and their use of these program types exceeded that of both whites and Latinos. During the study period, over half the Asian and African American students were known to an income program; about one-fourth of students in both groups were known to at least one prevention/ maintenance service.

Asians had the highest use of AFDC-Unemployed Parent, i.e. aid to two-parent families. One in five Asian students received AFDC-U in the study year, compared to the average for the entire study population of one in 20. And over one-third of Asian students had received Refugee Aid at some time.

Asians, however, tended not to be known to crisis programs, whereas African Americans' use of crisis services and that of whites was high. Over one-third of both white and African American students were known to a crisis program during the base year, and 80% and 70% of white and African American "households," respectively, had at least one member known to a crisis program.



Looking at each distinct crisis program, African American students were disproportionately known in every case. Twelve percent of African American students received Homeless Assistance in the base year; 22% had been known to child welfare in the past; 3% were known to child welfare currently; and 10% were known to juvenile probation during the study year. At Castlemont High School, where enrollment is 86% African American, a staggering 42% of male students were known to juvenile probation.

African American students also tended to be known to the most programs (graphs G, H). Eighteen percent of the students were known to three or more programs during the base year. Of the subset of African American students known to Social Services Agency, multiple program use is even higher. Over one-third of these "house-holds" had members known during the base year to 4 or more programs, and 18% of them had members known to 5 or more programs.

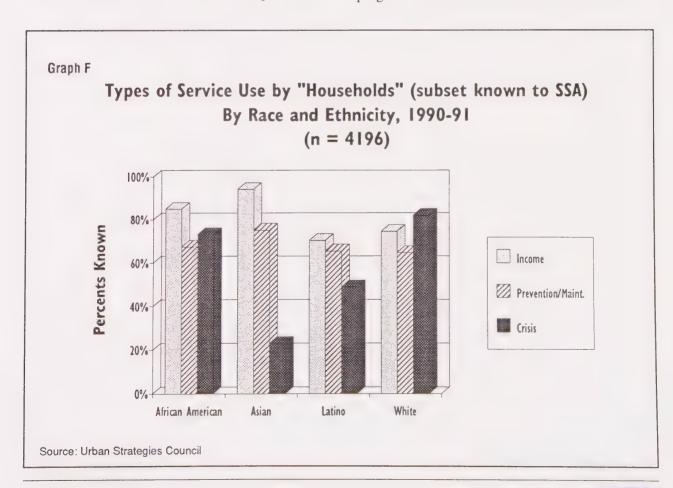
■ The number of white students in the study was quite small — 113 students. But their use of programs and services was strikingly similar to that of African Americans. For example, while

African American students were most likely to be known to all three types of service, white students were second most likely to fit this description.

Focusing on the "household" subset, white "households" had the highest rate of use of crisis services (82%). White students were most likely to be known to mental health (3%), second most likely to be known to Homeless Assistance (8%), and, with Native Americans, most likely to be known in the past to child welfare (23%).

■ Latinos' program use, on the other hand, differed from any other group. Latinos were most likely to be unknown to all programs: only 40% of Latino students were known to one or more. And whereas 30% of the overall student population studied had been known to at least 1 crisis program, only 13% of Latino students had (a slightly higher rate than Asian students who were least frequently known to crisis programs).

On a program-by-program basis, the one program for which Latino students had the



highest participation was the county-run clinics: 7% of all Latino students were known to the clinics as compared to 5% for the overall population, with Asians at 4%. As the clinics are the health care provider of last resort in the county, it may not be surprising that the highest users of the clinics are the ethnic group least likely to have health insurance. Other groups who are eligible for MediCal in much greater numbers have greater access to private health care providers. 11

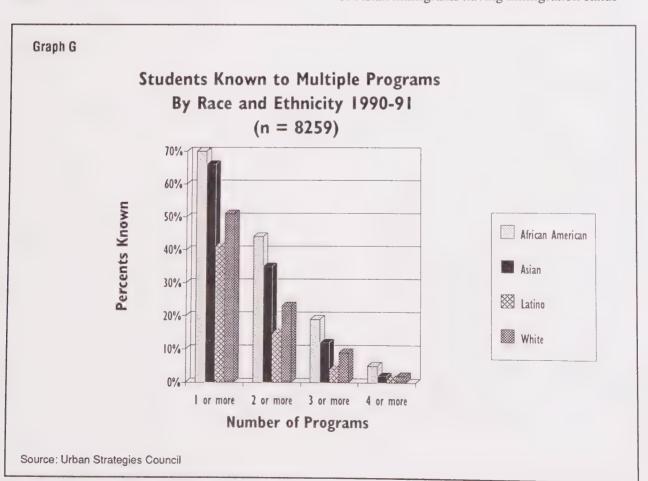
B. LANGUAGE AND IMMIGRANT STATUS

Many of the Asians and Latinos in the study are recent immigrants who face similar cultural and language barriers. But because of federal policies Asian immigrants are much more likely to be eligible for government assistance, particularly income assistance, than Latino immigrants, who are more likely to be undocumented. The hazards and accompanying fears of being undocumented create a unique set of barriers, sometimes discouraging families from seeking needed help for fear of persecution by the immigration authorities.

Study findings show that both language and probable immigration status have a large impact on program use. Over 90% of the Latino students in the study population spoke Spanish as their primary language. Almost three quarters of Asian students in the study spoke a Southeast Asian language as their primary language. (Table 4 of Appendix A contains a breakdown of Asian languages spoken by students in the data match.)

Students characterized as limited-English proficient (LEP) by the school district were known much less frequently to programs in the study than other students: whereas about one-third (32%) of English-proficient students were unknown to any program in the match, more than half (51%) of limited-English speaking students were unknown to any program [graph I]. Where 41% of English-proficient students were known to two or more programs in the base year, only half as many LEP students were.

On the other hand, as we have already seen, Latinos' and Asians' program use patterns differed from each other. This difference is probably due in some part to a higher proportion of Asian immigrants having immigration status



that makes them eligible for services. Unsurprisingly, the difference was most dramatic for income services: whereas 43% of all students and 55% of Asian students had received an income service in the base year, only 16% of Latinos had.

But we also uncovered a further distinction within the group of students characterized as limited-English proficient. Students who had at some time received Refugee Aid (16% of all students in the eight schools studied) were far more likely to receive other services than other limited-English proficient students (26% of all students in the study). Refugee Aid is cash and medical assistance, sometimes complemented with case management, targeted to immigrants from countries designated by the federal government. Its recipients are often targeted for other health and social services by community based organizations, to assist them in resettlement. This shows how focused government efforts to bring families "into the system" have an impact.

For example, use of preventive or maintenance services such as public health nursing, subsidized housing, and CHDP were all higher for

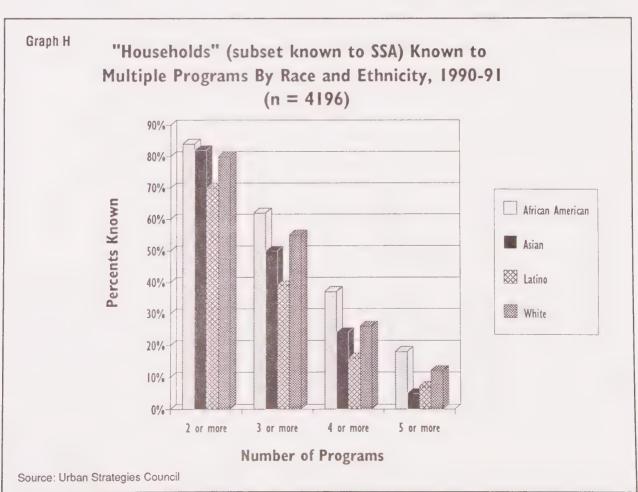
NATIVE AMERICANS

The small number of Native American students (24) in the schools studied makes us cautious about summarizing their program use. But the data is intriguing.

Almost 30% of Native American students in the study used prevention/ maintenance services, and one-third used crisis services. In their use of income services, Native Americans most closely resemble white students: 37.5% received an income service.

those who had received Refugee Aid than for other limited-English speaking students. This difference can't be explained by immigration status, since public health nursing and CHDP, at least, are not restricted to legal immigrants.

The pattern of higher program use by those known to Refugee Aid also held true, however, for child welfare services. A history of child



welfare involvement was much less likely for LEP students, as compared to those who were English proficient. But those who were known to Refugee Aid were more likely to be known than other LEP students. We have no way of knowing whether this means these families are actually having more incidences of abuse or neglect or whether the higher level of referrals is due to being "in the system."

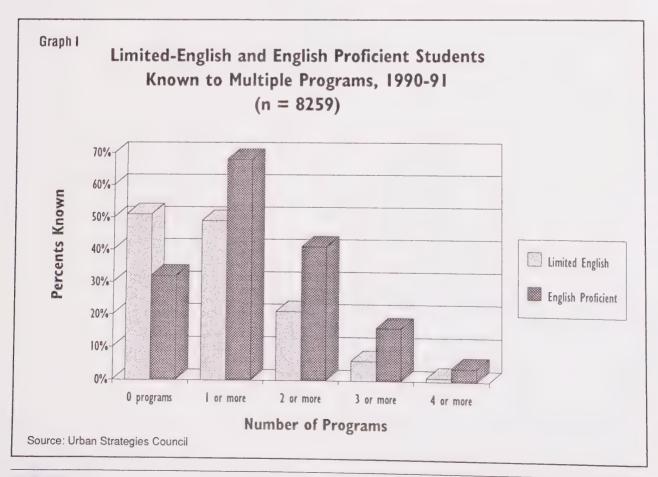
Similarly, we found that among the relatively small group (24%) of Latino students who were known to the Social Services Agency — the vast majority of whom are getting income assistance — service use is comparable to other ethnic groups. In particular, their use of prevention/maintenance services, at 65% of the "households," was nearly identical to that of all other ethnic groups in the household subset.

C. THE ROLE OF RACIAL DISCRIMINATION IN SERVICE USE

Clearly, the different patterns of service use among the races is the result of differences in income levels, family structure, language, immigrant status, cultural practices and other factors.

Some of it, however, results from racial discrimination, sometimes unconscious, sometimes not. Our society has been slow to adapt to its changing demography, and the lack of language-appropriate, culturally accessible programs for immigrants reflects a social ambivalence about extending some newcomers the supports they need to succeed in this country. Even the low level of crisis service use by some groups, which at first blush may seem a sign of family or cultural strength, in some cases actually reflects those groups' isolation from the service system. The low level of mental health services used by Asian families, for instance, no doubt reflects a lack of services to the community more than a lack of need. 10

The comparatively high level of crisis service use by African American families also demands some analysis. Much of it stems from the legacy of discrimination and long-term poverty that African Americans have endured. But there is also likely some discrimination at work in the current system. The high number of young African American males that the study found on juvenile or adult probation, for instance, is at least partly the result of high police surveil-



lance of their communities, and the tendency of law enforcement to crack down on behavior that in another community might be treated more leniently, by involving parents, friends or teachers. A 1992 study by the Edna McConnell Clark Foundation, *Americans Behind Bars*, concluded that anti-drug policies have had a "disproportionate" impact on African Americans, and that African Americans who may be involved with drugs are more likely to be arrested and imprisoned than drug offenders of other races.¹²

Similarly, a study of 1988 statewide child welfare data by the UC-Berkeley's Family Welfare Research Group found that African Americans were reported for child abuse at rates that roughly equalled their proportion of the state's population. Yet they made up a disproportionate number of those receiving child welfare investigation and services, and the imbalance increases as one moves along the chain of services leading to permanent separation of children from their families. Though African Americans represent 7% of the children in the state, they made up 15% of those receiving Emergency Response (investigation); 19% of those receiving Family Maintenance services (to prevent out-ofhome care); and 37% of those receiving Family Reunification and Permanent Placement services (where the child is in out-of-home care). 13 Meanwhile, in focus groups and interviews with local agency and school staff, there was consensus on one point: African Americans, particularly

African American males, are most poorly served by the current system.

The Interagency Group commits itself to eradicating the practices that lead to these sharp racial disparities, and we hope the community will join us in this effort.

III. SCHOOL INDICATORS AND PROGRAM USE

We have long suspected that students with school problems also receive high levels of service from other government agencies — meaning that coordination between schools and other agencies could allow better service delivery to students already being served by human service agencies. The data on this question exceeded our expectations. (Tables 2 and 3 in Appendix A contain more detailed data on school indicators.)

For elementary students, we analyzed types of services used in relation to (1) special education status, (2) suspensions, (3) CTBS reading scores, and (4) absences. In every case, there was a relationship between the school indicator and program use. That is, students designated to receive special education services were more likely than other elementary students to receive income, maintenance, and crisis services. Students who had been suspended were also more likely than students who had not been suspended to be known to all three service types, and particularly crisis services. The same was true when

STUDENT INDICATORS AND PROGRAM USE: CASTLEMONT HIGH SCHOOL

	Overall Percent Known: High School Students	Percent Known of those Suspended > 2 Days	Percent Known of those Not Suspended > 2 Days	Percent Known of those Failing 50 - 100% of Core Courses
Income	37	43	36	44
Prevention/ Maintenance	28	28	28	28
Crisis	38	53	35	48
Known to No Programs	37	27	40	29

comparing students who had been reported "chronically absent" as compared to those who had not. Students known to crisis services disproportionately scored in the lowest CTBS quartile, while students not known to any programs were more likely to be in the top quartiles than students who were using programs.

The same patterns held true at the middle and high school level, but the link between low school achievement and use of crisis services grew even stronger. However, at the high school level the greatest relationships with program use were seen in suspension and percentage of core courses failed (students whose GPA was less than 1.0 were also very high users of crisis services) (see table below).

Because the great majority of students whose school outcomes are poor are known to government agencies, we have important opportunities to intervene positively. At Castlemont, almost two-thirds of students with Grade Point Averages below 2.0 were known to at least one program; over two-thirds of those with recorded absences were known; and almost 75% of those who had been suspended more than twice were known.

Some services were used most by the more successful students. The subgroup at Castlemont most likely to have enrolled in JTPA, for instance, were students who had failed fewer than 25% of their core courses; 15% of these students were known to JTPA in the base year as compared to 9% in the high school as a whole.

CASTLEMONT'S "MISSING" STUDENTS

One of the most troubling findings of the study was the existence of a large and apparently needy subgroup of Castlemont High School students — those who had no Grade Point Average reported, meaning they were enrolled in the school only briefly. More than one in five students (23%) who enrolled at Castlemont in 1990-1991 fit this description. These students have remarkably high levels of service use, and the highest levels of crisis service use, including juvenile probation, child welfare, mental health and homeless assistance. They also have disproportionately low participation in JTPA, Minor Sensitive Services, and subsidized housing.

The inverse is also true: very high proportions of high school youths known to the above programs have no reported GPA, i.e. have a transitory relationship with the school. For example, 48% of all Castlemont students who were known to mental health in the base year had no reported GPA. Thirty-seven percent of those known to juvenile probation in the last 5 years had no reported GPA.

At the middle school level, 18% of students had no GPA reported (elementary schools don't keep comparable records), and they were somewhat more likely to use crisis services. Looking at the middle and high school students without a GPA, we found that males made up slightly more than half the group, and almost three-quarters were African American. But other racial groups

PERCENTS OF CASTLEMONT STUDENTS WITH NO REPORTED GPA KNOWN TO CRISIS-RELATED PROGRAMS:

	Child Welfare Previously Active	Mental Health (base year)	Homeless Assistance (base year)	Juvenile Probation (base year)	Juvenile Probation (5 years)
Castlemont Percent Known Overall	16	4	7	16	17
Castlemont Students, Percent Known with No GPA	20	8	11	19	28

were strongly represented: 36% of Native American students in the sample, and 29% of whites, had no GPA.

At minimum, the school district and other youth-serving agencies should work jointly to address the causes of these students' transitory relationship with the school. Involvement with certain kinds of programs like juvenile probation and child welfare may cause a child to be absent from school or to change schools. Conversely, many programs recognize the importance of school attendance; for example, it is often a condition of probation. Currently, however, juvenile probation and child welfare staff may lack the resources to regularly confirm attendance or, more importantly, may not feel it is worthwhile because the child's lack of a strong relationship with the school may seem beyond their power to change. Through collaboration, school and agency staff can work to address these issues for the student's benefit.

IV. CONNECTIONS AMONG TYPES OF SERVICES USED

To examine whether students and families using one type of service were using others, we grouped each service into one of eight substantive areas — housing, income, probation, special education employment/training, health maintenance, health crisis, mental health, probation — and analyzed whether those known to one type of service were known to others. ¹⁵ We thought this might tell us something about how the various systems interact, and whether entering at one port increases one's access to other services. We found the answer to be yes, but with some surprising twists.

In general, children known in one area are more likely to be known in others. But we also found that using income or housing services was not a strong predictor of use of other kinds of services. That is, children using income or housing services were only slightly more likely, and in some cases no more likely, to be known to other services than those who did not receive income or housing assistance.

On the other hand, being known to child welfare was one of the strongest predictors of other kinds of service use: the 516 students known to child welfare had disproportionately

high rates of participation in every other service area. They had the highest participation in mental health services: 19% of those known in the past or present to child welfare were also known to mental health in the base year.

There was also a strong relationship between use of mental health services and health crisis services: whereas only 3.5% of all students were known to a health crisis service, 11% of students receiving mental health service were also known

One-third of all children known to special education services were also known to juvenile probation.

to a health crisis service. Another strong relationship existed between mental health and probation services: almost half of all students known to mental health were also known to probation.

Students in JTPA were also known in high numbers to probation: 29% of those in JTPA were known to Probation, as compared to 12% of all students. (This can probably be attributed to JTPA giving preference to youth known to the juvenile justice system.)

Children designated as special education students were over-represented in mental health, child welfare, and probation. This pattern was more pronounced at the secondary level: one-third of all children known to special education services were also known to juvenile probation.

V. WHAT THE SYSTEM COSTS

At Lockwood Elementary, a school of approximately 900 students, we found, based on agency cost estimates, that public entities (excluding the school district) included in the match spent \$8.9 million in cash and benefits for students and their families in the base year. Although the data match does not capture all forms of public spending, it reinforces the common perception that public dollars are not properly focused on prevention/maintenance services. ¹⁶ [For full spreadsheet, see Appendix B.]

■ Most of that — \$7.5 million — went to cash benefits and housing subsidies. But an esti-

- mated \$1.4 million went to administrative, overhead and staff costs.
- The Social Services Agency had by far the highest level of estimated spending, accounting for over half (55%) of all administrative expenditures. According to the estimate, SSA spent over \$700,000 on staff to administer the income programs for families at the school, and an additional \$284,700 on staff and administration for child welfare services. The Oakland Housing Authority spent \$185,000 on administrative costs.
- Charges generated by the Health agency for services to families at the school were about \$201,000 (this number is based on actual charge data in data match records).
- Juvenile Probation estimates total almost \$100,000 for supervision, investigation, and juvenile hall costs of children at the school and their family members.
- JTPA costs associated with families at the school were very roughly estimated at about \$44,000, and GAIN total costs during the base year at \$66,710.

Comparatively little money was spent on prevention/maintenance programs. For instance, we estimated that \$110,710 was spent on employment/training programs for families at the school—only one-fourth the amount spent administering income programs. Much more was spent on crisis services—adding expenditures for Homeless Assistance, child welfare, juvenile probation, mental health, and hospital emergency and inpatient services, an estimated \$1.3 million was spent. (Homeless Assistance—which was cut back last year—accounts for almost two-thirds of this; without it, the total is still an estimated \$489,522.)

Similar spending patterns can be seen at Castlemont High, where public agencies spent an estimated \$11 million on students and their families. More than \$8.1 million went to income and housing subsidies, but most of the rest went to crisis services:

- More than \$630,000 was spent by the juvenile justice system;
- \$415,000 was spent on child welfare services.
- Almost \$160,000 was spent on mental health services.

Section 3: What it Takes: Building Community Partnerships

There is near-consensus on the elements of high-quality, comprehensive service delivery. The rich literature on the issue has been well-analyzed by the Education and Human Services Consortium, in its 1991 report, What it Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services. A comprehensive system would:

- Provide a wide array of prevention, treatment and support services.
- Focus on whole families, not just individuals, and treat them as partners.
- Make sure children and families actually receive the services they need, not just referrals to services, whether by locating staff from different agencies at one site, or establishing a case management program to link the services families need.
- Measure success by the impact of services on families, not by whether agency protocols are followed and services are provided.

We would add two other components:

- Create economic and community building opportunities for families who need them.
- Provide culturally appropriate services to meet the needs of an increasingly diverse population.

Based on interviews with Interagency Group members, educators, social services staff and leadership and families themselves, we have developed an Oakland-based list of do's and don'ts for productive collaboration.

ELEMENTS OF PRODUCTIVE COLLABORATION

1. A collaborative effort must start with clearly defined goals and intended outcomes. It is a means to an end, not an end in itself.

"It's good to get a group of agencies collaborating, but we have to keep focused on our goals — helping young mothers finish school and raise their children, helping those children get a

healthy start. It's important that staff works together well, but it's also important that girls attend regularly and graduate."

Maria Campbell Casey Advisory Board Comprehensive Teenage Pregnancy and Parenting Program

Collaborative ventures must begin with a thorough assessment of the project's goals and priorities, and what they hope to achieve in the way of positive outcomes for the families served. Managing the difficult dynamics of collaboration can sometimes obscure the real desired end — measurably improved lives for families. A thorough planning process, involving research, community and agency assessment, and the participation of staff, advocates and clients, can ground a new collaborative in the needs and potential of the families it is designed to help.

2. Teachers, front-line agency staff and parents must be involved in planning and implementing collaborative programs.

"We used to have a juvenile probation officer at an Oakland high school, and it worked fairly well — except that teachers kept trying to use him as a policeman, or to work with other kids in trouble. The time was never spent to explain to the teachers what his role was, and that caused problems."

Don Hogner Chief Probation Officer Alameda County Probation Department

Many collaborative efforts have been doomed by their failure to involve some of the people the new approaches will affect most directly: the school teachers and agency staff who will either provide services or refer students to them, and the parents whose cooperation is essential for any program to benefit their families. Because collaboration already requires a group of players doing what doesn't come naturally, it is important to build in time and a process to plan

projects carefully, and let their design evolve from the desires of parents, the community and staff. Oakland's CTAPP Program (see page 31) suffered in its early stages from inadequate buy-in at the school site level.

Involving low-income parents is not always easy, but there are inspiring models of parent-school-agency partnership. In the San Fernando Valley, the Vaughn Family Center collaborative is run by a commission on which parents make up half the membership. To encourage the active participation of area parents — 80 percent of whom are Latino, many of them immigrants — the Los Angeles Educational Partnership held training workshops, to acquaint them with the issues the commission would face, and the nuts and bolts of the participatory process.

3. Collaboratives must strive to achieve equality among their partners, and to develop a strong governance structure not dominated by any one partner.

"Any time established institutions come together for a common cause, there is still the sense of 'I'm responsible for this and this must be done my way.' We think more of 'What's going to happen to me?' and that's shortsighted. We need to give up some turf, or 'the way I do it,' for the good of the whole."

Carolyn Getridge
Director of Educational Programs
Alameda County Office of
Education

Particularly in school-based collaborative efforts, there is a tendency for schools to become the dominant agency and to drive the program. Research on school-linked programs suggests this should be avoided. An independent governance mechanism must be developed where possible to keep all partners equal in the process, and to resolve predictable differences of analysis and operations.

Although funding and administrative

THIRTY YEARS LATER: THE OAKLAND INTER-AGENCY PROJECT

Thirty years ago, Oakland's attempts to plan and provide comprehensive educational, health and social services to poor families led to the innovative Oakland Inter-Agency Project, under the leadership of Evilio Grillo. The city's efforts became a major component of the Ford Foundation's historic Grey Areas Project, which in turn helped inspire the nation's "War on Poverty." The Inter-Agency Project brought together the city manager, school superintendent and police chief, along with the county's health, welfare and probation department directors, to coordinate education and social services and increase community participation in solving the problems of youth and families. The project didn't attain its grandest goals, but it left behind a legacy of commitment to interagency communication and collaboration that persists to this day.

It also left behind lessons about why collaborative efforts often fail to meet their

goals — lessons with great relevance for today. Evaluating the Inter-Agency Project, Peter Marris and Martin Rein found that little interagency programming ever materialized. Supposedly collaborative programs "remained encapsulated in their departments, with little relationship to each other, or even to their own administrative system." The main problem, Marris and Rein found, was the failure of program planners to reckon honestly with the differences in power and priorities among key agency collaborators. The paper commitments of agency leaders meant little when the time came to act collaboratively. and someone had to give up power and control to make it happen. As Marris and Rein wrote, "When it comes to the point, no one voluntarily surrenders power. Personal ambition apart, loyalty to the organization he serves makes any agency director honorably reluctant to compromise the responsibilities entrusted to him."2

regulations may hinder it, agencies must cede certain powers to the governance structure: power to develop program protocols, to move staff, to evaluate success, and to change direction as necessary.

4. Participating agencies must work to develop shared goals, objectives and language, and a common understanding of their own and others' responsibilities.

"Sometimes it still seems that we're all just separate entities — there needs to be much more sharing and involvement."

CTAPPP Child Care teacher

A common understanding of the collaborative's objectives and operations won't magically materialize with the signing of memoranda of understanding. It takes a thoughtful planning process, and ongoing opportunities for communication, to break down the institutional and cultural barriers to sharing information, operations and power.

Collaborative efforts must provide opportunities for cross-training of staff, to familiarize participants with other agencies' language and protocols, and encourage individual staff to cross agency boundaries in family assessment and service. They should also set up regular, ongoing staff meetings, to help personnel from different disciplines get to know one another, share information and troubleshoot across disciplinary lines.

5. New programs must seek not only to deliver new services, but to change the way participating agencies do business.

"We've realized we can't work with kids if they're not in school — if they're suspended, or on shortened days — and so we're working with the schools to find ways to keep kids in classrooms. We know we can't just 'service' the kids — we have to change the whole environment.

Elizabeth Scott Xanthos Social Work/Case Management Project

The process of planning and implementing collaborative new programs can unearth serious

problems in the way participating agencies operate. New programs should build in a feedback loop to alert participants about ways to improve their operations and better meet their goals. The school district's Social Work/Case Management project, for instance, a partnership between community based agencies and the district at 17 school sites (see page 50) was designed to deliver services as well as identify practices by the district and service agencies that are a barrier to helping families.

6. Participants must recognize that collaboration is a social process, requiring one-on-one communication, individual commitment and attention to group dynamics to make it work.

"Collaboration is like a family reunion: Unless somebody calls it, it doesn't just happen. It has to be nurtured and it has to be attended to."

> Dorothy Patterson Co-founder Oakland Comprehensive Teenage Pregnancy and Parenting Program

The components of a comprehensive education and service program aren't likely to mesh neatly. It takes human skills — dedication, intelligence, ingenuity, patience and devotion — to "nurture" a collaboration. Implicit in the movement to develop comprehensive services is a critique of the status quo, with its emphasis on rigid categories and problem definitions, on human beings as "cases" to be "managed," clients to be serviced.

At every level of the system, a renewal of human connection is needed: between teachers and students, agency workers and families, management and staff, and in collaboratives, between the staff of different unfamiliar agencies, who must bridge the gaps of their training, philosophy and experience to make a difference for their common client. In addition to planning for crosstraining its staff, collaborative ventures should consider training in conflict resolution and negotiation, and establishing formal channels for grievance and arbitration to resolve the inevitable conflicts that will arise.

7. Collaboratives must stay grounded in the needs, concerns and perspective of the communities they serve.

"Once we start collaborating, we may find there's a lot of overlap in services; we may also find we're not providing the most important elements — for instance, housing — that people need....We just need to get started, and in the process we'll learn what we have to do."

Dave Kears, Director Alameda County Health Care Services Agency One of the most significant findings of the survey that catalyzed San Diego's New Beginnings project was that families' perception of their needs often differed from service providers'. Families were most concerned about meeting immediate basic needs; service providers tended to focus on longer term priorities like job training, education or family counseling. A collaborative system must meet both sets of needs, and reflect and respect the input of the families and communities they serve. Services must be flexible, and providers must have the discretion and resources to address problems compassionately and comprehensively.

AN OAKLAND CASE STUDY:

The Comprehensive Teenage Pregnancy and Parenting Program

Oakland teenagers aged 18 and under gave birth to 807 children in 1989. Without support, especially free, accessible child care, young mothers are hard pressed to meet the challenge of caring for an infant, let alone finishing high school. And once out of school, many of these young mothers are in danger of foundering, if they lack the skills to support and raise their children.

The Oakland Unified School District has long tried to provide child care and support services for teen mothers. Back in the 1970s, the district offered on-site child care for student mothers, but Proposition 13 cuts closed the center after one year. The district continued to offer teen mothers specialized services and child care referrals through its Teenage Pregnancy and Parenting Program. But driven by the growing need for child care, in 1987 TPAP director Dorothy Patterson, the East Bay Perinatal Council and a coalition of educators, service providers and community advocates came together to realize a long-held goal: creating a comprehensive program to offer school-age mothers case management, individualized instruction, parenting education, health services and on-site child care at Oakland high schools. "I wanted to put in place all the things that are important to a comprehensive teen parent program," Patterson says. "Most of the good programs are in upscale communities serving primarily white teenage parents. I wanted Oakland kids to have the things that suburban kids have."

Today, that collaboration — the Comprehensive Teenage Pregnancy and Parenting Program (CTAPPP) — serves 175 girls at three high schools and one off-campus site, and offers child care to 48 infants and toddlers at two sites. In 1991 CTAPPP graduated all the seniors it enrolled, girls who otherwise would likely have left school permanently, without the child care and support services the program provides. "CTAPPP is enabling these girls to continue the learning process and get a better understanding of their children's needs," says Fred Turner, district director of special services. "And it's stronger

because of the community organizations that came together with the district, and their consistent support and monitoring."

CTAPPP is a textbook example of a muchneeded interagency collaboration, illustrating both
what makes it critically important, as well as what
makes it extremely difficult to achieve. It has
struggled, not always successfully, to develop
practices and governance structures that cross
traditional boundaries of turf and control. It has
relied heavily on the energy of its founders, the
generosity — with time, money and staff — of its
collaborators, and a finite windfall of "soft
money" from corporations and foundations.

In 1991 CTAPPP graduated all the seniors it enrolled, girls who otherwise would likely have left school permanently.

Now, as they try to institutionalize the program in the school district, its leaders are fighting the inertia that being part of an institution can bring. CTAPPP also illustrates the importance, and the difficulties, of developing programs that focus on whole families, not just individuals.

The core of CTAPPP is a partnership between the Oakland Unified School District, the East Bay Perinatal Council and the Alameda County Office of Education, which receives funding from the state to run School Age Mother (SAM) programs in selected school districts. County SAM programs offer a specially tailored educational program for pregnant and parenting girls, and to do so draw an Average Daily Attendance (ADA) allotment from the state that is almost twice what Oakland schools typically receive. But from the beginning, CTAPPP collaborators envisioned a program more comprehensive than most County SAM programs. They proposed to use SAM funding to hire instructional aides to staff nurseries for the children of students

— other SAM sites kept mothers and babies together — and through interagency agreements with other service providers, to provide a wide range of health, education and psychological services to school-age mothers.

After months of negotiation, CTAPPP was born. The County agreed to provide core SAM services, including teachers, aides and some supplies, and to supervise the instructional and child development services. The school district would provide facilities and maintenance for the program, as well as some instruction in health and parenting education, an academic counselor, and the chance for girls to take mainstream classes they needed. (The district later integrated its CYESIS program for pregnant teens into the program.) The East Bay Perinatal Council would

The program hasn't yet met the ultimate challenge of collaboration: the need for some agencies to cede control over employees and procedures to the collective structure.

provide case management, the West Oakland Health Center and Alta Bates hospital would provide health education and some health care, and the Expanded Food and Nutrition Education Project contracted to offer nutrition classes. The Urban Strategies Council took responsibility for coordinating site development. Bananas, the child care resource and referral agency, worked with the district and the county to design a highquality child development program. The process was helped along immeasurably by a \$300,000, three-year grant from AT&T, to pay for additional school-based child care aides, a director, and some support services and operational costs. Generous grants from Clorox, Citibank and the Cowell Foundation funded renovation and equipment of nurseries.

PLANNING: DRIVEN BY OPPORTUNITY

The CTAPPP planning process moved fast, which, in hindsight, many participants regret. "Understandably, we were often driven not as

much by logic as by windows of opportunity, and the resources that were available," observes Maria Casey, the Associate Executive Director of the Urban Strategies Council, who worked closely with the collaborative in its early stages. The county was anxious to get the program up and running at three sites, making use of available funds, and the school district agreed. Other collaborators thought the process was moving too fast, and favored starting at just one site, but in the end deferred to the larger institutions. The program formally opened in September 1989 at McClymonds, Bunche and Oakland Technical High Schools, but child care was only available at Bunche, and classes began without textbooks.

Once the program began, CTAPPP participants faced a reality common to most collaborations: the fact that planning processes and interagency agreements can't describe the reality of program operation, which often surfaces unanticipated differences among collaborators. For instance, the quality and availability of child care remained problematic for the first year of CTAPPP's operation, which to some degree reflected a difference among collaborators in emphasis and experience. Groups like Bananas and the Urban Strategies Council saw highquality child care as a critical service for teen mothers' children; the County, pushed by its funding constraints, placed more emphasis on the academic program, viewing child care more as a support service to enable girls to attend school than to enrich the development of their children. Thus staffing the nurseries sometimes took second place to maintaining the academic program. Likewise, collaborators have differed on how much time for support services should be built into the school day — some worry that health, nutrition and parenting classes cut into the time girls need for studying; others argue that the program's students — 18 percent are fully emancipated from their parents, and many more have little support at home — need social support as much as academic instruction. (The Interagency Group's data match bolsters the perception that these girls need social support: of the 27 CTAPPP students found in the data match, 52% were known to child welfare services either currently or in the past, and 30% had received Homeless Assistance and 15% were known to juvenile probation, just in the base year.) Three

years of operation have mostly resolved those issues, though some philosophical differences persist.

But CTAPPP's toughest challenge has been establishing a strong governance structure to manage such differences in timing, priorities and approach. CTAPPP hasn't yet met the ultimate challenge of collaboration: the need for some agencies to cede control over employees and procedures to the collective structure. Governance issues persist to this day: In an attempt to institutionalize CTAPPP, the district officially became "lead agency" in 1991, but still no one person or agency has complete authority or quality control for the whole program (though the district is working toward that goal). The intricacies of meshing several existing agencies, with their different funding streams, institutional mandates and organizational culture still challenge CTAPPP.

Lines of authority and accountability are occasionally tangled: Although the County is responsible for the instructional program, the school district hires and supervises the academic counselor responsible for recruiting and planning the academic program for girls in the program. And though CTAPPP theoretically allows students to take regular high school classes along with special SAM instruction, in practice that has often required much negotiation with principals—because the County, not the district, gets the ADA to serve the girls, some principals are understandably reluctant to squeeze them into overcrowded classes or exclude students they are funded to serve.

THE DYNAMICS OF COLLABORATION

These institutional divisions are mirrored at CTAPPP school sites. In a series of frank interviews, CTAPPP planners, administrators and staff said they are still learning to manage the often difficult dynamics of collaboration. Sometimes, many say, CTAPPP functions as though staff from different agencies are simply co-located at school sites, without joint planning or coordination of their efforts. At all levels, they complain about interagency and inter-staff communication. "Sometimes it seems that we're all separate entities — there needs to be more sharing and involvement," a child care teacher commented.

Some staff haven't ironed out the conflicts of interest that can arise in serving clients with many levels of need. Concerns about confidentiality have blocked communication about some students, and staff members may have different ideas about what students most need. Case managers and teachers, for instance, have occasionally disagreed about discipline and instructional policies. One teacher described the difference well: "Case managers are very focused on the individual; teachers focus on the needs of the group." And sometimes the problem has come down to ineffectual staff, but the lack of a strong governance structure and clear protocols for moving employees has blocked quick action to resolve such problems. CTAPPP administrators also say the program needs to better serve the Latino and Asian communities, as well as reach out to parents and boyfriends of CTAPPP students, who are currently rarely involved in the program.

Yet, despite its imperfections, CTAPPP is making a major difference in the lives of the teen mothers it serves. Attendance in the program is improving, a sign that girls like it and recognize its importance. Teachers and students report that its more individualized instruction — the program's teacher-student ratio is about 10 to 1 — is helping many girls who fell far behind grade level start to catch up. "I learned faster in this program, because I got more attention," says Karen, a McClymonds CTAPPP student who recently graduated after two-and-a-half years in the program, and plans to attend San Diego State University. "The teachers talk to you individually, they support you during school, and they encourage you to come to school every day." And child care staffing has improved, with a new nursery opened at Castlemont High.

On a broader level, CTAPPP has succeeded in identifying critical barriers to providing the services young people need. One is the stigma still attached to teen parenthood, which is evident in the community and among some principals and teachers. "At some of the school sites, there's an archaic mentality that 'We don't need pregnant girls here,' or that the program encourages the other girls to become promiscuous," observes Fred Turner. Already CTAPPP has become a model for other teen-parent programs — the county borrowed heavily from its lessons in

setting up its SAM program in the Eden area, which encompasses Castro Valley, San Leandro and San Lorenzo.

CTAPPP is also confronting the major institutional barrier to collaboration: the fact that, though policy makers talk about the need for comprehensive, interagency programs, funding streams continue to be fragmented and to discourage collaboration. In a time of budget cuts, fighting about who does what among CTAPPP collaborators doesn't reflect pettiness but the legitimate attempt of administrators to keep a line on costs, protect their revenue and serve the clients they are mandated to serve. Child care, the linch-pin of the program, remains most at risk. With AT&T funds running out this year, CTAPPP must scramble to maintain its child care slots; expansion is out of the question, though the program has a waiting list. Right now administrators are trying to piece together federal block grant money, local drug free zone funding and private donations to fund the child care slots, but even if they're successful, there is little stability in the program; the same scramble will continue next year. Lawmakers in Washington and Sacramento have yet to back their efforts to reduce welfare dependency among teen mothers with the sustained child care funding they need to become independent.

And finally, CTAPPP underscores the need for programs to serve whole families, not just individual clients. By individual agency standards, CTAPPP still isn't "cost-effective," says ACOE educational program director Carolyn Getridge, but by the standard of what teen families need, it's a bargain. "This program saves two generations," Getridge notes. "Child care alone

"This program saves two generations," says Carolyn Getridge. "We're the best deal in town."

for an infant would run in excess of \$5,000 for a year. For not much more than that, we are educating these girls, taking care of their kids, feeding them, transporting them, dealing with health and social services.

"And there are intangibles that don't show up on an evaluation document: the way a mother communicates with her baby when she first comes in to the program, versus after she's been there six weeks in parenting classes. In terms of cost-effectiveness, we're the best deal in town."

Section 4: Next Steps: Oakland's Plan of Action

The data match and interview findings, along with the indicators of unmet need, make a strong case for focusing existing resources on innovative, empowering, collaborative strategies designed to improve families' life chances throughout Oakland. Several innovative efforts with a community empowerment focus are currently underway. We will describe some of these efforts, and then offer recommendations to advance the process citywide.

THE HEALTHY START INITIATIVE

Throughout the painstaking data match process, the Interagency Group met monthly, to reach a common understanding of family needs and of agency capacities, and to begin exploring opportunities for a joint venture. These discussions were pushed along by the state's 1991 Healthy Start legislation, which appropriated \$20 million to provide start-up and seed money for school districts working to link services to school sites. Because Healthy Start emphasized leveraging existing community resources, the work of the Interagency Group meant Oakland was well-positioned to apply for planning and operation grants when they came due in early 1992.

The district invited all schools which qualified under the bill (schools serving a majority of low-income and/or limited-English speaking students) to participate. Administrators were seeking schools that had shown a commitment to address student life circumstances and increase parent involvement, and to design new programs and work with new people and resources. Based on a short application and site visits, two schools were chosen to submit proposals for implementation grants, and five for planning grants. An intensive brainstorming and design process went on at each site, involving the principal, teachers, other staff, and parents. The preliminary results of the data match helped secure the participation of members of the Interagency Group, most of whom signed Memoranda of Understanding with the district committing key services or staff contributions to Healthy Start schools. One innovative Healthy Start proposal was directly inspired by the data match: to create an

interagency "crisis intervention team" that would work with troubled students already being served by multiple agencies. The Group is exploring ways to designate a "lead case manager" for each student served by the team, who would coordinate a service plan and ultimately take on some of the duties of other agency staff. Key commitments were also secured from the YMCA, Native American Health Center, Asian Health Services, La Clinica de la Raza and the UC School of Optometry.

When Healthy Start grants were announced in early July, Oakland exceeded all expectations: both operational grant proposals and four of five planning grants received funding. The Interagency Group is committed to maintaining its work on the level of agency leadership, as well as among agency and school staff, forging new relationships that better help the families they serve. If the strategy works, the focus must be on replicating success throughout the community.

SOFT MONEY, HARD TIMES

The Healthy Start venture is just one of several promising collaborative initiatives planned to improve the life chances of families throughout Oakland. Others include the federal Healthy Start effort, which focuses on reducing infant mortality by 50% in five years, by establishing six "family life centers," improving clinical services and mounting a public information campaign; East Oakland Fighting Back, an effort to reduce the demand for alcohol and drugs through an array of community mobilization, mentoring and technical assistance activities; the Thurgood Marshall Family Resource Center/ Oakland Birth to School Project, a partnership at the Acom Housing Complex to provide perinatal care, child development, job training and other support and opportunities to families there; and the Community Health Improvement Project, part of a multi-front effort funded by the Kellogg Foundation, to work through local churches and other community institutions to educate about health issues and reach out to target populations in need of health care. Representatives from these and other new programs have begun meeting to

explore ways to join forces where missions overlap. (A list of the Oakland collaboratives engaged in these discussions is included in Appendix F.)

But most of these programs are dependent on short-term, "soft" grant money. Although some have built-in strategies to continue after the grant period, if history is a guide many will disappear when the grant expires. So in addition to innovation coupled with rigorous evaluation, we need strategies for using existing resources to sustain and replicate approaches — whether developed by government, as with the Social Services Agency's Family Preservation program, or by community groups — that have proven successful in improving family and community outcomes.

Again, there are promising developments underway. At the county level there are at least three current policy efforts to address longterm needs of children and families, and change use of existing resources. The County Administrator has convened a group to review the children and youth services system. The Board of Supervisors has approved a process to establish a Strategic Plan for Children, Youth and Families, to be staffed by the United Way. And the Health and Social Services agencies have been analyzing their existing expenditures and practices with a view toward integrating and decentralizing services and refocusing them on prevention and empowerment. Under this scheme the innovative collaboratives would serve as pilots at the vanguard of longterm policy change. While each of these three investigatory efforts can build independently, they must soon be coordinated, and integrated with existing policy bodies focused on children, including relevant commissions and the Children's Issues Policy Board.

As Oakland moves forward with these efforts to better meet family needs through collaboration, we believe the following Recommendations can smooth the process and make it more productive for everyone:

RECOMMENDATIONS

1. We must shift our focus from isolated pilot projects to larger, systemic interventions that can serve large numbers of families, and smaller projects designed for expansion.

Oakland is lucky to have many innovative collaborative projects scattered at school sites and neighborhoods around the city. But the time is past for small, tentative, isolated projects. Agencies and service providers must strive to work collaboratively at every school in the city. These collaboratives should use the data in this report creatively, thinking of ways to link with schools and the community wherever possible. As we plan for new collaborative ventures, existing successful programs should likewise be replicated widely. CTAPPP, for instance, should be functioning at every high school, with child care available at every site, instead of having to struggle just to maintain the limited number of sites and child care slots the program is currently operating. Likewise, Fremont High School's Tiger Health Clinic is an asset to that school, and similar clinics should operate in many more flatland schools.

2. The Oakland Unified School District, and its partners in the Interagency Group, must support and expand the process begun by the schools seeking state Healthy Start funds.

The research, planning and consensusbuilding that went into schools' applications for Healthy Start funding catalyzed an excitement and commitment that the district must encourage and build on. Resources must be found to advance this process even in the schools that don't get full state funding, and to expand the process to schools that need to begin thinking about how to link services with their sites.

3. Government bodies, the Interagency Group and individual agencies and organizations must commit to publicizing opportunities to collaborate and sharing the lessons of such ventures.

An explosion in the number of new collaboratives in Oakland is cause for excitement and some concern — concern about the possibil-

ity that new projects will duplicate others' efforts, fail to learn from the lessons of what has come earlier, or miss an opportunity to pool resources and act or advocate collectively for the communities they are designed to serve. Recognizing this possibility, the fledgling Oakland collaboratives described above, along with some established players, have been meeting informally to share lessons and seek opportunities for common action. We must find ways not just to share information, but engage in honest critique of our efforts.

4. New collaboratives must develop a strong focus on family outcomes, not just organizational process.

It's already been said elsewhere: collaboration is a means to an end, not an end in itself. New ventures must spell out not only service provision arrangements, but the specific outcomes for families they hope to achieve. Programs designed to improve school performance, for instance, should commit to measurable progress on certain indicators such as increased participation in activities, increased school attendance and family involvement, and decreases in disciplinary actions; those targeting teen mothers might aim for improved high school graduation rates, college attendance, job finding or parenting performance.

5. Programs should build in innovative evaluation processes.

A focus on outcomes requires a commitment to timely evaluation. New collaborations must be monitored by staff and outside evaluators to ensure they are achieving their desired outcomes. But evaluation shouldn't focus on outcomes alone. The experimental nature of many interagency agreements means that process evaluation — looking at how agencies and their staff work together and with families, and what can be improved — will be critically important to the projects themselves, and the wider community that is trying to learn from these early innovative endeavors.

Agencies should also look at racial differences in program use and outcomes when evaluating programs, to address the discrepancies the data match uncovered.

6. Public agencies must examine policies and monitor data to root out discrimination and address racial and ethnic disparities in service delivery.

The service disparities uncovered in the data match and interviews result from a complex web of policy and practice that must be unraveled. Basic fairness requires meaningful access through commitment of sufficient resources for translation and outreach. Staff development for cultural competence and strategies to employ community members in service design and delivery are also necessary. Cultural responsiveness is essential in order to fully engage the strengths of Oakland's diverse communities.

7. Government bodies must commit to funding collaboration, even in the face of budget cuts.

We believe collaboration will be costeffective in the long run. But in the short term,
learning how to operate jointly may cost agencies
money, in a time of continued budget cuts.
Legislators at the state, national and local level
must back up their verbal commitment to collaboration with resources, and extend new collaborative ventures some continuity of funding and
protection from budget cuts so the lessons of
these experiments may be learned.

8. Public agencies and non-profit service providers must plan for and invest in crossagency training for staff.

The key to successful collaboration is having versatile, cooperative staff who can handle greater autonomy and working across agency lines. Developing such skills takes training, and planning for such training should begin now. Agencies should designate a staff person to oversee collaborative efforts and assess staff training needs, and develop protocols for interagency training. They should also consider pooling resources, to avoid duplicating efforts each time a new project is getting off the ground. Agencies could also collaborate on providing training in cross-cultural service issues, to sensitize staff to the diversity of cultures and races in Oakland. Local research groups and college and university faculty should be involved in the effort to develop training strategies and resources.

9. The Interagency Group should broaden its membership to represent a wider range of agencies providing services in Oakland.

With the data match complete, the Interagency Group recognizes the need to widen its membership to include other key Oakland service providers. One first step is increasing the representation of community-based non-profit organizations; the Group is currently dominated by large public agencies. It must also strive to maintain and even broaden the membership and participation of an ethnically diverse cross-section of service providers.

10. The results of the data match must be broadly disseminated throughout the community.

There will be widespread community interest in the data match. Already its results have been used to anchor the applications of the seven Oakland schools seeking state Healthy Start funding, and to foster a broad-based planning process there. They also inspired a key innovation in the Healthy Start grants — a proposal for a "crisis intervention team" made up of outstationed agency workers to serve extremely troubled families at school sites. There are no doubt countless other such uses for the data. It should inform the thinking and strategic planning of Oakland political leaders, school administrators, business organizations, racial, ethnic and neighborhood groups, parent organizations, and social justice advocates. The Interagency Group already is committed to sharing its findings with the staff of public agencies and non-profit service providers as well as with school sites. But dissemination must go beyond teachers and agency staff, to reach parents and community members, and better enable families to make the system work to their benefit. The community must be involved in discussing how agencies can address the racial disparities in service use the data match revealed.

11. We must not focus only on narrow services to address deficits, but invest in efforts to reweave communities by building on family strengths.

We need to provide low-income families with the kinds of activities that strengthen communities, and that more privileged families take for granted: better recreation facilities, music education, sports activities, scouting, arts and drama programs, parenting support, social groups and mentoring programs. Services alone will not build healthy families — we need a full range of opportunities to make our community strong.

These recommendations will not implement themselves. It will take much hard work, flexibility, leadership and openness to change to make the ideas contained in this report a reality. The Interagency Group is committed to continue meeting and working on the process, and the Urban Strategies Council will continue to staff the effort. We look to the community to energetically support our common goal: improving the lives of Oakland families.

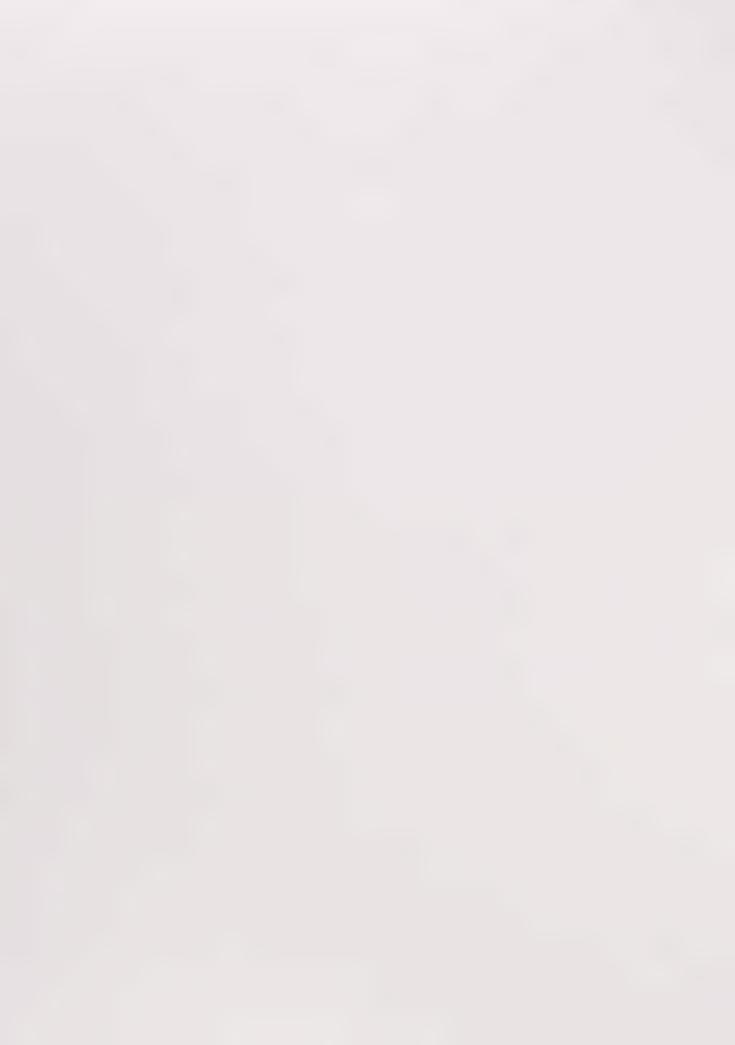


TABLE 1

Percents of STUDENTS Known to Various Programs, Total and by Race

Percents are based on columns	TOTAL n=8259	AFRICAN AMERICAN n=4905	ASIAN n=977	LATINO n=2102	NATIVE AMERICAN n=24	WHITE n=113	Not Specified n=120
AFDC-FG	33.3	43.8	32.2	11.1	33.3	21.2	23.3
AFDC-U	3.9	1.4	19.4	2.4		6.2	2.5
MediCal only	4.4	4.7	2.4	4.5	400	8	5
Subsidized Housing	15.0	19.9	19.5	2.6	8.3	5.3	8.3
Refugee Aid (ever)	4.3		35.6	.1	4.2	.9	1.7
Homeless Assistance	7.6	11.8	.5	1.4	4.2	8	2.5
Child Support (this is an undercount since the number is known only for those receiving income benefits)	4.7	6.2	2.1	2.4	8.3	4.4	4.2
Child Welfare Active	2.3	3.4	.4	.5	_		2.5
Child Welfare Inactive	16.6	22.4	7.1	7.4	25	23	10
AFDC-FC (paid foster care)	1.8	2.8	.2	.2		_	1.7
Public Health Nursing	2.6	2.7	5	1.4		.9	5
County Clinics	5.0	4.5	3.6	7		.9	5.8
Mental Health	1.6	2.3	.2	.5		3.5	1.7
Hospitals (since 1979)	22.1	26.2	10.1	17.6	41.7	23	26.7
CHDP	14.9	13.6	20.7	15	29.2	10.6	22.5
Juvenile Probation (1 year)	7.4	10	2.3	3.9	4.2	6.2	5.8
Juvenile Probation (5 yrs)	6.4	9	1.7	2.9	12.5	3.5	1.7
JTPA	2.7	3.8	1.4	1.1	_		

TABLE 2-A

Percents of ELEMENTARY STUDENTS Known to Various Programs, by School Indicators														
Percents are based on column	S			ensions	5) 55115	CTBS Test Scores					Special Ed		Absences	
	Data- Match Total n=8259	Elemen tary Total n=3659	Sus pen ded	Not Sus pen ded	CTBS 1st quart	CTBS 2nd quart	CTBS 3rd quart	CTBS 4th quart	CTBS Not Repor ted	Spec ial Educa tion	Not Spec ial Educa tion	Absent (in Chronic Absence System)	Not in Chronic Absence System	
AFDC-FG	33.3	38.3	46.5	38	40.6	43	33	25.3	35.5	37.3	38.3	49.8	33.6	
AFDC-U	3.9	5.9	6.1	5.9	6.5	5.1	6.1	4.8	5.7	9.5	5.8	4.6	6.5	
MEDI-CAL ONLY	4.4	4	1.8	4	3.5	3.5	4.3	2.4	4.7	4	4	4.1	3.9	
SUBSIDIZED HOUSING	15	17.3	24.6	17	18.4	18.9	15.7	19.3	15.6	23.8	17	21.8	15.5	
REFUGEE AID (EVER)	4.3	6.7	1.8	6.8	7.5	8	7.8	2.4	5.3	6.3	6.7	2.7	8.3	
HOMELESS ASSISTANCE (1YR)	7.6	9.1	16.7	8.8	9.8	10.1	7.4	6	8.3	8.7	9.1	14	7.1	
CHILD SUPPORT (SSA only)	4.7	4.8	6.1	4.7	5.4	5.1	5.2	4.8	3.9	4.8	4.8	6.3	4.2	
CHILD WELFARE ACTIVE	2.3	2.1	3.5	2.1	2.7	1.8	2.6	1.2	1.6	1.6	2.2	2.3	2.1	
CHILD WELFARE INACTIVE	16.6	17.1	30.7	16.7	19.7	20.8	17.4	19.3	12.8	27.8	16.8	25.4	13.8	
PUBLIC HEALTH NURSING	2.6	3.9	4.4	3.9	4.3	2.5	4.3	1.2	4.2	4.8	3.9	4.2	3.8	
COUNTY CLINICS	5	5.3	2.6	5.4	3.8	3	3.9	-	8.5	4.8	5.3	3.6	6	
MENTAL HEALTH	1.6	0.6	0.9	0.6	0.9	0.3	0.9	-	0.4	4	0.5	0.9	0.5	
HOSPITALS (since 1979)	22.1	14.6	17.5	14.5	12.1	12.5	10.9	12	18.9	16.7	14.5	14.8	14.5	
CHDP	14.9	23.1	14.9	23.4	17.7	18.1	12.6	3.6	33.8	19	23.3	17.7	25.3	
JUVENILE PROBATION (1 yr)	7.4	0.5	2.6	0.5	0.9	0.7	0.9	-	0.1	-	0.6	1.1	0.3	
JUVENILE PROBATION (5 yrs)	6.4	0.3	4.4	0.1	0.6	-	0.9	-	=	1.6	0.2	0.8	0.1	

TABLE 2-B

Percents of JR HIGH/MIDDLE STU	JDENTS Kn	own to Vario	ous Prog	rams, by	School	ndicators					
Percents	are based o	on columns				Specia	Special Education				
	SUSPENSI										
	Data- Match Total n=8259	JR HIGH/ MIDDLE Subtotal n=2664	Susp en ded	Not Susp en ded	Less than .99	1.0 to 1.99	2.0 to 2.99	3.0 or more	Not Repor ted	Spe cial Educa tion	Not Special Educa tion
AFDC-FG	33.3	31	36.8	29.6	40.3	33	27.3	21.1	28.8	37.3	30.3
AFDC-U	3.9	3	2.7	3.1	3.1	2.1	3.2	7.1	1.9	2.6	3.1
MEDI-CAL ONLY	4.4	4.3	4.7	4.2	4.5	4.8	2.7	4.9	5.1	3.3	4.4
SUBSIDIZED HOUSING	15	13.1	14.2	12.8	14.7	13.8	13.1	14.7	9.3	15.5	12.8
REFUGEE AID (EVER)	4.3	3.6	0.8	4.3	1.2	1.7	5.4	1.2	1.9	1.5	3.8
HOMELESS ASSISTANCE (1YR)	7.6	5.8	9.2	5	8.9	6.7	3.8	1.5	6.5	5.2	5.9
CHILD SUPPORT (SSA ONLY)	4.7	5	5.7	4.8	6.8	4.7	5.6	3	3.8	6.6	4.8
CHILD WELFARE ACTIVE	2.3	2	2.9	1.8	2.3	2.5	1.7	1.1	2.1	3	1.9
CHILD WELFARE INACTIVE	16.6	16.2	24	14.3	21.1	18	12.5	6.4	18.9	21	15.6
AFDC-FC (paid foster care)	1.8	1.7	2.3	1.5	1.9	1.4	0.8	1.5	3.4	2.2	1.6
PUBLIC HEALTH NURSING	2.6	1.3	0.8	1.4	1.2	1	0.9	0.4	2.9	1.5	1.3
COUNTY CLINICS	5	3	3.1	3	2.7	2.3	3	4.1	3.8	1.8	3.1
MENTAL HEALTH	1.6	1.4	2.5	1.2	1.4	1.2	0.9	_	3.4	5.2	1
HOSPITALS (since 1979)	22.1	22.9	31.4	20.9	28.5	25	18.5	13.5	25.5	34.3	21.6
CHDP	14.9	9.5	9.6	9.4	7.9	10.2	8.9	12	9.5	12.5	9.1
JUVENILE PROBATION (1 yr)	7.4	10.5	22.6	7.7	24.2	8.7	3.9	1.1	14.3	11.8	10.4
JUVENILE PROBATION (5 yrs)	6.4	7	13.5	5.4	12	5.6	2.3	0.8	14.3	12.2	6.4

TABLE 2-C

Percents of CASTLEMONT HIG	H SCHOOL	STUDENTS	Known to	Various F	rograms,	by School	Indicators	-			
Percents	are based o	on columns	SUSPENSIONS		1990-91 Grade Point Average (0-4)					Special	Education
	Data- Match Total n=8259	CASTLE- MONT Subtotal n=1916	Sus pen ded	Not Sus pen ded	Less than .99	1.0 to 1.99	2.0 to 2.99	3.0 or more	Not Repor ted	Spe cial Educa tion	Not Special Educa tion
AFDC-FG	33.3	27.6	33.1	26.3	36.7	29.4	19.8	27.3	26.1	29.3	1.3
AFDC-U	3.9	1.2	0.6	1.4	0.8	1.5	0.6	6.5	0.2	0.5	1.3
MEDI-CAL ONLY	4.4	5.5	5.8	5.4	6.4	4.4	7.4	2.9	4.6	4.8	5.6
SUBSIDIZED HOUSING	15	13.6	14.9	13.3	16.7	14.5	14.5	12.2	9.2	14.4	13.5
REFUGEE AID (EVER)	4.3	0.8	-	1	_	~	0.4	8.6	0.2	-	0.9
HOMELESS (1 YR)	7.6	7.2	8.6	6.8	9.5	5.9	3.8	5	10.8	8.2	7
CHILD SUPPORT (SSA ONLY)	4.7	4.1	5	3.9	4.6	5.3	4.2	4.3	2.1	2.9	4.2
CHILD WELFARE ACTIVE	2.3	2.8	4.1	2.5	3.3	3.6	2.5	-	2.8	3.4	2.8
CHILD WELFARE INACTIVE	16.6	16.1	21.3	14.9	19.5	15.8	11.8	11.5	19.7	20.7	15.6
AFDC-FC (paid foster care)	1.8	2.6	3.6	2.4	2.6	3.4	2.5	0.7	2.5	2.9	2.6
PUBLIC HEALTH NURSING	2.6	1.8	1.7	1.9	1.8	0.8	1.9	1.4	3	-	2
COUNTY CLINICS	5	7	7.7	6.8	7.9	6.3	4.8	5.8	9.6	6.7	7
MENTAL HEALTH	1.6	3.8	3	4	2.8	3.4	1.5	2.9	8	7.7	3.3
HOSPITALS (since 1979)	22.1	35.1	40.9	33.7	36.9	31.9	30.5	19.4	46.8	41.3	34.3
CHDP	14.9	6.9	7.7	6.7	8.7	6.9	6.1	11.5	4.6	8.7	6.7
JUVENILE PROBATION (1 yr)	7.4	16.1	24.9	14.1	24.4	17.2	9.1	5	18.8	19.7	15.7
JUVENILE PROBATION (5 yrs)	6.4	17.3	24.3	15.7	17.7	14.3	12.6	7.9	28.4	20.2	17

TABLE 3-A

Percents of ELEN	MENTARY	STUDENTS	S Known	to Incom	e/Maintena	nce/Crisis							
Percents are bas	pased on rows Suspensio			Suspensions		CTBS Test Scores			E	Special ducation		Absences	
	Data- Match	Elemen tary	Sus	Not Sus	CTBS	CTBS 2nd	CTBS 3rd	CTBS 4th	CTBS Not	Spe	Not Spe	Absent (in	Not in
	Total	Total	pen	pen	quart	quart	quart	quart	Spec	cial	cial	Chronic	Chronic
	n=8259	n=3659	ded	ded						Educa tion	Educa tion	Absence System)	Absence System
ELEM STUDENTS		100	3.1	96.9	37.8	16.5	6.3	2.3	37.2	3.4	96.6	28.7	71.3
INCOME	42.8	48.2	3.6	96.4	39.9	18	5.6	1.8	34.7	3.6	96.4	34.9	65.1
MAINTENANCE	25.5	30.3	2.2	97.8	31.7	12.5	4.2	.5	51.1	3.4	96.6	24.7	75.3
CRISIS	29.8	25.6	5.7	94.3	42.1	18.4	6.4	2.2	30.9	4.6	95.4	40.7	59.3
NONE OF ABOVE	38.2	35.7	2.3	97.7	36.8	16.5	7.7	3.1	35.9	2.8	97.2	23.5	76.5

TABLE 3-B

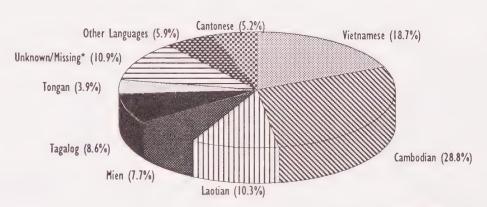
Percents of JR. HIGH	/MIDDLE ST	UDENTS Kno	wn to Inc	come/Mair	ntenance/C	risis					
Percents are based on rows			Sus	oensions		1990-	age (0-4)		Special Education		
	Data- Match Total n=8259	JR.HIGH/ MIDDLE Total n=2664	Sus pen ded	Not Sus pen ded	Less than .99	1.0 to 1.99	2.0 to 2.99	3.0 or more	Not Repor ted	Spe cial Educa tion	Not Spe cial Educa tion
JR HIGH/MID STUD.		100	19.3	80.7	18.7	29	25	10	17.8	10.2	89.8
INCOME	42.8	39.9	22.2	77.8	22.1	30.1	22.7	9	16.1	11.5	88.5
MAINTENANCE	25.5	17.6	20.7	79.3	18.6	30.5	20.5	10.7	19.8	11.5	88.5
CRISIS	29.8	29.7	30.9	69.1	28.4	30.9	16.9	3.4	20.3	11.9	88.1
NONE OF ABOVE	38.2	42.7	13.8	86.2	12.1	27.8	29.7	11.8	18.6	8.7	91.3

TABLE 3-C

Percents of CASTLEMONT HIGH SCHOOL STUDENTS Known to Income/Maintenance/Crisis											
Percents are based on rows			Suspensions			1990-	e (0-4)	Special Education			
	Data- Match Total n=8259	HIGH SCHOOL Total n=1916	Sus pen ded	Not Sus pen ded	Less than .99	1.0 to 1.99	2.0 to 2.99	3.0 or more	Not Repor ted	Spe cial Educa tion	Not Spe cial Educa tion
CASTLEMONT STUDENTS		100	18.9	81.1	20.4	24.8	24.8	7.3	22.8	10.9	89.1
INCOME	42.8	37	21.8	78.2	26.2	25.8	20.7	7.5	19.9	12	88
MAINTENANCE	25.5	27.5	19.1	80.9	21.4	23.9	25.2	7.6	22	10.8	89.2
CRISIS	29.8	38.3	26.1	73.9	25.7	26	16.7	3.5	28	12.7	87.3
NONE OF ABOVE	38.2	37.2	13.8	86.2	12.1	27.8	29.7	11.8	18.6	8.7	91.3

TABLE 4

Primary Language of Asian Students in Data Match (n = 977)



*Note: "Unknown/Missing" includes English

Source: Oakland Unified School District, Urban Strategies Council

ASIAN STUDENTS IN DATA MATCH	Limited English Proficient	English Proficient
Total Asians (n = 977)	80.1%	19.7%
Filipino (14.3%)	59.5%	40.4%
Chinese (8.2%)	83.7%	16.2%
Other Asian/Pacific Islander (77.3%)	83.7%	16.2%

Source: Oakland Unified School District, Urban Strategies Council

INVESTMENT IN LOCKWOOD ELEMENTARY SCHOOL STUDENTS

Appendix B

COSTING SHEET -- LOCKWOOD (903 students) IN BASE YEAR JULY 1, 1990 - JUNE 30, 1991

• •	Cash		Administration/Staf			
	П			Related Support Se	1	70741
Programs	Number	Formula	Total	Formula	Total	TOTAL
SSA TOTAL	EN-		\$5,822,439		\$768,091	\$6,590,530
TOTAL INCOME PROGRAMS			\$5,822,439		\$416,658	\$6,239,097
AFDC-FG	481	\$7,662	\$3,685,422	\$596	\$286,676	\$3,972,098
AFDC-U	51	\$10,381	\$529,431	\$586	\$29,886	\$559,317
AFDC-FC	26	\$12,774	\$332,124	\$604	\$15,704	\$347,828
Homeless Aid	111	\$7,165	\$795,315	\$586	\$65,046	\$860,361
General Assistance	0	\$4,021	\$0	\$375	\$0	\$0
Medi-Cal	34		\$0	\$469	\$15,946	\$15,946
Food Stamps	426	\$1,102	\$469,011		\$0	\$469,011
Food Stamps ONLY	8	\$1,392	\$11,136	\$425	\$3,400	\$14,5 36
GAIN (Employment Programs)	35			\$1,906	\$66,710	\$66,710
TOTAL CHILD WELFARE					\$284,723	\$284,723
Emergency Response	9			\$1,623	\$14,607	\$14,607
Family Reunification	37			\$4,211	\$155,807	\$155,807
Family Maintenance	8			\$2,407	\$19,256	\$19,256
Permanent Placement	37			\$2,569	\$95,053	\$95,053
JUVENILE PROBATION					\$99,231	\$99,231
Investigation	15			\$1,400	\$21,000	\$21,000
Supervision	9			\$959	\$8,631	\$8,631
Juvenile Hall est.				\$4,640	\$69,600	\$69,600
HEALTH AGENCY					\$201,183	\$201,183
Clinics					\$17,274	\$17,274
Mental Health					\$75,514	\$75,514
Hospital Emergency					\$8,926	\$8,926
Hospital Inpatient					\$35,260	\$35,260
Hospital Outpatient					\$7,419	\$7,419
P.H. Nursing	252			\$57	\$14,364	\$14,364
CHDP					\$42,426	\$42,426
CTAPPP (ACOE)	2			\$3,772	\$7,544	\$7,544
OAKLAND HOUSING AUTH.	285	\$6,048	\$1,723,680	\$650	\$185,250	\$1,908,930
JTPA	22			\$2,000	\$44,000	\$44,000
OUSD noninstructional					\$81,213	\$81,213
					30.12.10	901,210
Column Totals			\$7,546,119		\$1,386,512	\$8,932,631
NOTES:	П					

NOTES:

Probation: (1) formulas for Investigation are adjusted to annualize from point-in-time. Actual estimate is \$175/Investigation and \$580/Investigation for Juvenile Hall. (2) Does not include CYA costs. Health figures are amounts charged (except for Public Health Nursing).

JTPA: The \$2,000 figure is a rough average. Actual costs range from several hundred to \$4,000 plus.

INVESTMENT IN CASTLEMONT HIGH SCHOOL STUDENTS

COSTING SHEET -- CASTLEMONT HIGH SCHOOL (1916 students) IN BASE YEAR JULY 1, 1990 - JUNE 30, 1991

		Cash		Administration	/Staff/	
Deserve	п			Related Suppor	rt Services	
Programs	Number	Formula	Total	Formula	Total	TOTAL
SSA TOTAL			\$6,537,483		\$1,059,067	\$7,596,550
TOTAL INCOME PROGRAMS			\$6,537,483		\$512,039	\$7,049,522
AFDC-FG	529	\$7,662	\$4,053,198	\$596	\$315,284	\$4,368,482
AFDC-U	23	\$10,381	\$238,763	\$586	\$13,478	\$252,241
AFDC-FC	50	\$12,774	\$638,700	\$604	\$30,200	\$668,900
Homeless Aid	137	\$7,165	\$981,605	\$586	\$80,282	\$1,061,887
General Assistance	22	\$4,021	\$88,462	\$375	\$8,250	\$96,712
Medi-Cal	105		\$0	\$469	\$49,245	\$49,245
Food Stamps	442	\$1,102	\$486,643		\$0	\$486,643
Food Stamps ONLY	36	\$1,392	\$50,112	\$425	\$15,300	\$65,412
GAIN (Employment Programs)	69			\$1,906	\$131,514	\$131,514
TOTAL CHILD WELFARE						
Emergency Response	11			#1 CO2	\$415,514	\$415,514
Family Reunification	39			\$1,623	\$17,853	\$17,853
Family Maintenance	18			\$4,211	\$164,229	\$164,229
Permanent Placement	74			\$2,407	\$43,326	\$43,326
· · · · · · · · · · · · · · · · · · ·	'			\$2,569	\$190,106	\$190,106
JUVENILE PROBATION					\$634,032	\$634,032
Investigation	91			\$1,400	\$127,400	\$127,400
Supervision	88			\$959	\$84,392	\$84,392
Juvenile Hall est.				\$4,640	\$422,240	\$422,240
HEALTH AGENCY					\$438,986	\$438,986
0.11						
Clinics					\$57,910	\$57,910
Mental Health					\$159,498	\$159,498
Hospital Emergency					\$49,776	\$49,776
Hospital Inpatient					\$77,716	\$77,716
Hospital Outpatient					\$20,268	\$20,268
P.H. Nursing	514			\$57	\$29,509	\$29,509
CHDP					\$44,309	\$44,309
CTAPPP (ACOE)	23			\$3,772	\$86,756	\$86,756
OAKLAND HOUSING AUTH.	260	\$6,048	\$1,572,480	\$ 650	\$169,000	\$1,741,480
JTPA	223			\$2,000	\$446,000	\$446,000
OUSD noninstructional					\$48,750	\$48,750
Column Totals			\$8,109,963		\$2,882,591	\$10,992,554
NOTES.					1	

NOTES:

Probation: (1) formulas for Investigation are adjusted to annualize from point-initime. Actual estimate is \$175/Investigation and \$580/Investigation for Juvenile Hall. (2) Does not include CYA costs. Health figures are amounts charged (except for Public Health Nursing).

JTPA: The \$2,000 figure is a rough average. Actual costs range from several hundred to \$4,000 plus.

Appendix C: Indicators of Unmet Need

Although the results of the data match show that all sectors of government are providing services at significant levels, this does not mean that needs are being met, or even can be met given the current level of resources.

In fact, the Health Care Services Agency's Division of Maternal and Child Health recently published a report card on Alameda County Children and Youth. For the conditions of children countywide, the Report Card assessed a grade of "C" in Education; "D" in Health, Safety and Teen Years; and "F" for Family Life. The conditions for Oakland's youth may in fact be more severe, since Oakland residents include a higher percentage of families living in poverty (18.5%) as compared to the county as a whole (10.3%).

Three kinds of indicators of unmet needs are detailed briefly below: current programs are not sufficient to meet specific needs; the demand for crisis-end service is increasing, which is an indication that preventive services have been inadequate; and the general indicators of overall health are worsening.

CURRENT PROGRAMS ARE NOT SUFFICIENT TO MEET SPECIFIC NEEDS

- County Mental Health served approximately 22% of children and youth with mental health problems in need of treatment.¹
- In Oakland in 1992, the GAIN welfare-to-work program served only 6.3% of the need (810 out of 12,820 eligible) and had a waiting list of over 1200.²
- The Oakland JTPA program serves approximately 10% of those who are in need of job preparation services.³
- The waiting list for the Oakland Housing Authority stands at about 27,000, only because OHA continues to maintain a list; San Francisco and other cities have simply closed applications. This means that new opportunities for subsidized housing in the Bay Area are virtually nil.⁴ In 1990, the market rate rent for

- a two-bedroom apartment (\$736 in Alameda/ Contra Costa) exceeded the AFDC payment for a family of 3 (\$694).⁵
- In a 1990 study by HomeBase, Alameda County was estimated to have 13,557 homeless children, more than any other of the 9 Bay Area counties.
- In 1988, at Highland General Hospital's Acute Clinic, 50% of those surveyed said they lacked a regular primary care provider. In the previous year, the Agency estimated an unmet need among low-income county residents of 243,000 medical visits per year and 312,000 dental visits per year amounting to 44% of the total need. This represented a 175% increase in the estimated unmet need over the previous year.⁶
- In 1989, at the seven community-based health centers used by Oakland families with children, waiting times for new adult primary care visits averaged nearly 6 weeks. For new pediatric visits, the average wait was over 5 weeks, and for new family planning visits, it was just under 5 weeks. Waiting times for return visits were about half these amounts. Partial data for 1992 indicate that waiting times have increased. 8

THE DEMAND FOR CRISIS-END SERVICES IS INCREASING: AN INDICATION THAT PREVENTIVE SERVICES HAVE BEEN INADEQUATE

- Between 1987 and 1989, the number of youth referred to Juvenile Hall increased by 22%.9
- The "yardstick" caseload for juvenile probation workers is 55 juveniles. This level is considered by professionals to be the maximum caseload for which any productive supervision is possible. Caseloads for 1992 are close to 80.10
- Between 1986 and 1989, the number of reports of suspected child abuse increased 28% countywide.¹¹

GENERAL INDICATORS OF HEALTH ARE WORSENING

- In a state study of 551 children under six years old in the county, 19.1% were found to have elevated blood lead levels
- In 1989, 36% of children aged 1-4 assessed in the CHDP program were found to have iron deficiency anemia; this figure was 48% for African American children. In 1989-90, the county WIC nutrition program served only 38% of eligible women, children and infants.¹²
- There were 502 births to girls aged 17 and under in Oakland in 1989. This number increased by 18% over the previous year. Every year, teen births contribute disproportionately to the number of low weight births and infant deaths. ¹³
- Syphilis among teens aged 15-19 increased by 148% between 1985-1989. 148 Related increases

- in HIV positivity have not been tested yet, but could be expected to increase a similar amount.
- A national study focusing on the period 1977-1987 found that children aged 6-13 in Alameda County had 2 to 8 times the risk of tooth decay compared to their counterparts at the state and national levels. 15
- A federal study found that only 38% of Oakland children under 2 years of age were fully vaccinated. Federal goals for the year 2000 are 90%. The recommended schedule can be completed in four visits after birth.¹⁶
- The County's entire budget for alcohol abuse treatment, education and prevention about \$15 million amounts to only about 2% of the estimated \$707 million in costs due to alcohol-related problems for 1986. As of 1991, the waiting period for publicly-funded residential programs was at least 24 weeks.¹⁷

Appendix D: Case Studies

OUSD'S SOCIAL WORK CASE MANAGEMENT PROGRAM

The Oakland Unified School District has already taken important steps toward coordinating and expanding the services its students receive, and trying to make them more accessible to families. One of the district's most ambitious new ventures is the Social Work Case Management (SWCM) component of its Comprehensive Health and Safety Program. In late 1990, the district contracted with six community agencies to work in 17 schools, to help link students and families with the services they need, and where appropriate, provide counseling, advocacy, or other direct services to help families better help themselves. Equally important, the agencies were instructed to assess what types of services aren't readily available, and to identify structural barriers in the district and the community that prevent families from easily accessing services on their own.

The participating agencies are Xanthos, Oakland Community Counseling, Asian Community Mental Health Services, East Bay Agency for Children, West Oakland Health Council and the East Oakland Youth Development Center.

In its first full year of operation, social workers and case managers served 572 students

The high rate of suspensions, shortened school days and disciplinary transfers among African American boys have made it difficult to work effectively with these students and their families.

and 314 parents, and provided almost 5,000 individual, family and group counseling sessions at homes and school sites. Agency staff handled problems ranging from parental substance abuse to homelessness to difficulties of language and culture. But the program's first year can also be seen as a discovery mission, to investigate the landscape of school/family/community/service

agency relations, and point out the gaps that need bridging. There are many, the agencies found.

Because the district gave each agency autonomy to devise a program that best served the school where it was placed, there was some divergence in the activities of the six participants. Yet all found common problems. One is a lack of information about what programs exist for families. Most agencies reported that their staff had to spend a lot of time tracking down needed programs and services, not simply making referrals, especially for families whose primary language isn't English. "It's no wonder teachers can't make these referrals themselves," says Elizabeth Scott of Xanthos, which runs SWCM programs at Lockwood and Whittier schools. "If all this program did was create a list of services for the schools — here's where your students can get mental health services, here's how to get them health screening, here's food and clothing assistance — it would make a big difference." One critical service that is in woefully short supply, all agencies found, is after-school care and recreation for children, whether in supervised child care facilities, recreation or sports activities, or tutoring and mentoring programs.

The six agencies have also had to navigate challenging differences of culture and language in the city's diverse schools. Jason Siu, a case manager for Asian Community Mental Health, has spent hours trying to find places in school for immigrant students who've been told there's no space in the language programs they need. Siu has also been called on to negotiate cultural tensions, between Asian and black students in the middle schools, and between Asian immigrant parents and their Americanized children. "We try to help the families find a middle ground, where parents have control, but aren't too restrictive, and the kids have freedom, but aren't wild," Siu says. Working with Latinos, the agencies themselves reflect a problem in the community at large — a survey found they have underserved Latinos, and for those Latino families they have worked with, they've had great difficulty finding appropriate services. And most of the programs serving African American families have grappled with the impact of district disciplinary practices on their

clients: The high rate of suspensions, shortened school days and disciplinary transfers among African American boys have made it difficult to work effectively with these students and their families. "It's hard to work with a child if you're gone one day and he's out of school when you return," says Scott.

Yet the agencies and the schools they serve have been creative about dealing with such problems. Xanthos now sends a parent advocate to Lockwood every day, to staff a room for students who have been suspended or put on a shortened school day, giving those students a place to go besides the streets or their empty homes. "The teachers like it, the principal likes it — they just didn't have the money for it," Scott says. Meanwhile, all six agencies are collaborating on a plan to help the schools reduce the need for such disciplinary practices, and keep kids in their classrooms. Jason Siu has learned "to work the best channels for the kids, and if someone isn't interested, to go around them." One of his best sources of referrals is now a security guard at one of the schools he serves.

A first year report on the program by the Family Welfare Research Group of UC-Berkeley's School of Social Welfare praised the autonomy the district gave the six agencies, but found that the agencies could have used a little more structure and direction, especially when it came to making linkages between the new program and the schools they were meant to serve. Predictably, there was not enough time for planning and consultation, either for program or school site staff. Since school leaders and staff were unfamiliar with the program, referral and operation was a slow process. The program was also hampered by structural differences from school to school, particularly in the functioning of their Student Consultation Teams, interdisciplinary school-site groups that were supposed to be a primary source of referrals to the SWCM programs. And as in other collaborative ventures, logistical problems produced headaches: at first, it was unclear who was to pay for space and telephones for the programs, for instance, causing conflict between individual schools and agencies.

To Paul Brekke-Miesner, manager of the Comprehensive Health and Safety Program, the SWCM experience makes clear the nuts-and-bolts difficulties of collaboration, especially when it involves schools. "The traditional mission of schools has been to educate, not address the 'life circumstances' of students," he notes, and what service programs have existed have been crisis oriented, and short-term. "We had teachers say, 'Oh yeah, we've heard this rap before. If this program starts at all, next year you'll be gone.'

"We had teachers say, 'Oh yeah, we've heard this rap before. If this program starts at all, next year you'll be gone.' But we're about to start our third year, and so we're developing some real trust."

Paul Brekke-Miesner Program Manager

But we're about to start our third year, and so we're developing some real trust." The program required a cultural exchange between the staffs of schools and non-profit agencies, who had to learn the practices and belief systems of their new partners. The education went both ways, Brekke-Miesner notes: the schools learned to appreciate the services and insights the agencies could provide, and agency staff "got an education about what the schools are up against," he says. "Nobody thinks any longer 'Oh, we know how to fix the schools.""

The Comprehensive Health and Safety Program, in collaboration with the six agencies, is now building on that start-up experience, and has developed common goals, language and protocols to give the program a clearer identity at the school and district level. The collaborators are also trying to shift the program from one that deals with existing crises, to one that can intervene earlier and prevent crises. They are also grappling with a fundamental tension in their founding mandate: Funded and established by the district, they are nonetheless supposed to critique it, and come up with ways to change and improve the system from within. Confrontation has sometimes been necessary, but collegiality works best, Scott says. "When one of our schools was vandalized, we sent flowers," she recalls. "We really consider the whole school our client."

ALAMEDA COUNTY'S FAMILY PRESERVATION PROGRAM

The county Social Services Agency is responsible for protecting abused and neglected children, through its Child Welfare Services department. Sadly, protecting children often means removing them from their parents' homes and placing them in foster care, since agencies have typically lacked the resources and expertise to work closely with parents in need to help them better care for their children. In fact, funding incentives have traditionally favored removing children: federal and state governments have paid counties much higher percentages of the costs of out-of-home placement than for support services to keep children in their homes. This funding bias is expensive — foster care typically costs about \$16,000 a year for a single child.

Fortunately, state legislation passed in 1989 took a step toward reversing those fiscal incentives toward out-of-home care. A pilot program allowed Alameda and two other counties to redirect ten percent of their foster care allocation to a Family Preservation Program, to provide

"People begin to think better of themselves if someone else takes a sincere interest in them."

> Sylvia Smith, deputy director, Social Services Agency

intensive in-home services to families of children in foster care, and help reunite children with their parents.

The intensive in-home services include counseling, help with housing, parenting, respite child care, transportation, and household management. Frequent contact between the social worker and the family (at least weekly, usually several times per week) in the family home allows personal relationships to develop, laying a groundwork for building on family strengths. After a screening process to select families who it is believed can benefit from the program, parents and children receive services for 90 to 120 days. Social workers in this unit work with only ten

children and their families at a time — as compared with caseloads of 30 and up in traditional Family Reunification efforts.

Flexibility is key to the program. Workers are available to families on evenings and weekends. A discretionary fund lets them help with critical expenses — such as car repairs, or a security deposit — when no other funds are available. Other monies are set aside to allow workers to purchase needed services, such as job training, child care, and substance abuse treatment

"I probably couldn't have made it" without the program, says Yolanda, a 29-year-old mother of two quoted in a Zellerbach Family Fund report. Her social worker helped with "practically everything," Yolanda says: "physical and mental things, with parenting classes, with transferring my phone, with moving expenses, with staying free from drugs." After a year and a half in foster care, Yolanda's two children came home several months ago, and she says they're home to stay. "I have the tools to take care of them now." 1

So far, the success of the Family Preservation Program has exceeded expectations. The legislation that created the program established a goal of keeping at least 60 percent of the children served by the program in their homes one year after services ended; at the end of the two-year pilot, 74 percent of children had remained home for at least one year. According to the Zellerbach report, the two year county pilot reunited 700 children with their families and saved the state \$1.6 million in out-of-home placement costs. The success of the program convinced the state to expand it to all California counties.

One flaw in the program is a lack of funding for evaluation. With no control group of comparable families who didn't receive the program's services, it is hard to say conclusively that the program made the difference for families who have stayed together. The county's program, which is now in its fourth year of operation, recently extended its follow-up with families from one to two years, to see how long families united by the program stay intact.

But agency veterans believe the program makes a crucial difference for the families it serves, and they say the personal relationships established are key. "People begin to think better of themselves if someone else takes a sincere interest in them," notes Sylvia Smith, deputy director of the Social Services Agency. Low caseloads foster that personal relationship. And the discretionary fund, allowing workers to help with critical family expenses, also helps build trust. "Poverty has a huge impact on our families," notes one worker profiled in the Zellerbach report. "The monetary resources that Family Preservation can provide often is the hook that gets parents engaged in working with the program. For the first time, they may feel that someone is on their side."

SAN DIEGO'S NEW BEGINNINGS PROGRAM

The data match analysis presented in this report was inspired by a similar study of service use by students at a San Diego elementary school. The study, sponsored by an interagency collaborative, culminated in an ambitious service redesign which has received national attention. Its mission: reorientation of local child-and family-serving agencies to provide comprehensive, community-based services to improve outcomes for children and families. Currently, the interagency project, called New Beginnings, is providing comprehensive services at one elementary school, and is attempting replication throughout San Diego County.

The effort began in 1988, when high level administrators began to meet to discuss collaboration. Commitment from the leaders of a wide variety of agencies has continued, with the Director of Social Services and the Superintendent of San Diego Unified School District making exceptional investments in the process. Partners also include County Health, Probation, Juvenile Court, and the office of the Chief Administrative Officer; City Manager, City Housing and Planning Commissions; and the San Diego Community College District. The partners have committed staff time, support services and leadership.

New Beginnings leadership made a strategic decision not to designate a lead agency. To maintain buy-in and commitment, governance is vested in the partnership under a joint operating agreement.

As part of its study, the team stationed a social worker at the school and conducted interviews with fifty families. One of the key findings was a recurring discrepancy between families' perceptions of their needs and that of service professionals. Families were more likely to identify immediate or short-term practical needs than to ask for long-term assistance.

New Beginnings makes certain resources available to all children and families, including orientation to the school, enrichment activities, and access to adult education. It also attends to families' short-term survival needs. It is working to consolidate eligibility screening for a variety of programs. New Beginnings puts self-sufficiency, empowerment and problem prevention at the center of its program.

Based on data match findings, agency leadership determined that much greater coordination with schools was feasible. Partners — including the school site — committed full-time staff to a center next to a pilot school site and changed their job descriptions so they could work together as a team with the school, employ prevention and early intervention strategies, and respond more flexibly to family-defined needs. These role changes were embodied in workers' new titles: Family Service Advocates.

The center is now serving students in grades kindergarten through 5, and their families. Expansion of services to preschoolers and their families is planned in a later phase. The services provided include expanded school registration and preliminary assessment for all families; parent education and adult education classes; expanded health services, including CHDP; counseling and other direct services from Family Service Advocates, and connections to an "extended team" at the home agencies of outstationed workers, to facilitate additional resources as needed.

City departments have also worked to alleviate problems related to gang activity and violent crime, by extending library hours, providing more after-school programs, and increasing police presence.

Appendix E: Agency Primer for Agencies with Programs in Data Match¹

OAKLAND HOUSING AUTHORITY

The Oakland Housing Authority is an independent agency that receives federal funds to provide housing for low-income people. The Authority controls about 60% of subsidized housing in Oakland. It owns and manages 3,300 units and administers 6,607 tenant-based section 8 certificates. These certificates pay private landlords the difference between the contract rent and the tenant contribution, which is limited to 30% of the tenant's income.

There are 26,929 people in the 9,907 households served by OHA, 33% of whom are children. In OHA housing complexes, children account for 52% of all residents.

Some social programs are provided in the Authority's Apartment complexes, funded by either HUD or DHHS monies. They include literacy, anti-drug, child care, employment training, health and other programs.

JOB TRAINING PARTNERSHIP ACT (JTPA)

The Oakland Private Industry Council (PIC) is a non-profit organization that is responsible for adult and youth job training under the federal JTPA program. Training and job placement services for low-income Oaklanders (funded annually at approximately \$4.5 million) are delivered through the PIC and 16 subcontracting public, private and non-profit agencies. Approximately half of PIC resources are directed to youth programs.

Training providers are generally responsible for recruitment, training and placement of program participants into unsubsidized, long-term employment.

There are 81,000 youth and adults theoretically eligible for JTPA services in Oakland. Due to funding constraints of JTPA, the PIC can serve only 3,100.

Available job training in Oakland, in addition to those provided directly by the PIC, includes activities and classes conducted through the Peralta Community College District and

Oakland Unified School District. Some of the activities are free and some require a fee.

PROBATION DEPARTMENT

The Alameda County Probation Department has five basic program components: Adult Probation; Juvenile Probation; Juvenile Hall; Los Cerros Boys Camp; and the Status Offenders program.

There are 132 lineworkers working with adults and 223 working with youth. The department also contracts with community organizations to provide services for juveniles "diverted" from incarceration. Workers in Juvenile Probation supervise and counsel juvenile offenders and provide progress reports to the courts. Probation also administers a Family Preservation Unit, to try to keep minors from going into foster care.

Juvenile Hall is a 24-hour detention facility for 306 boys and girls, located in San Leandro. There is also a facility for 50 boys in Oakland. The Supervised Home Detention program and the Weekend Training Academy are part of the Juvenile Hall operation.

Los Cerros Camp is a 24-hour residential program for Alameda County's most delinquent boys aged 13-18. Staff are dedicated to teaching the values and expectations of society and the community to the minors with whom they work.

The Deinstitutionalization of Status Offender program provides crisis counseling to status offenders who are in custody. These services are provided through a network of community-based organizations comprised of two crisis-receiving homes and ten youth service centers.

SOCIAL SERVICES AGENCY

The Alameda County Social Services Agency consists of five basic sections: Adult and Aging Programs; Employment Programs (the largest is GAIN); the funding of partnerships with other agencies to provide services including emergency food and shelter; Public Assistance Services and Benefits; and Child Welfare which deals with child abuse and neglect. This summary will look most closely at the last two sections.

Public Assistance and Benefits is responsible for Aid to Families with Dependent Children, General Assistance, Medi-Cal eligibility, and Food Stamps. This part of the Agency has final legal responsibility for program eligibility determination. Some eligibility staff are outstationed in the community. In 1990-91, AFDC, which is a financial assistance program for families with children, aided 31,155 households countywide, about 60% of which were in Oakland. The Agency projects an increase of 2,981 families for 1991-92.

The Homeless Assistance Program provides funds for temporary shelter and the acquisition of permanent housing for AFDC families. In 1990-91, the program aided 11,256 families. However, in August of 1991, program regulations changed, and the Agency projects that it will assist only 5,975 families in 1991-92. There is also a relatively small Refugee Assistance program serving some 400 families annually with four months of cash and Medi-Cal benefits for newly-arrived refugees.

Child Welfare consists of three programs: Emergency Response (37 welfare workers); Family Maintenance (27 workers); and Foster Care (109 workers). All positions require a Master's of Social Welfare or equivalent degree. Overall, the child welfare workers are predominantly white (74%), followed by 16% African American, 6% Latino, and 4% Asian.

Emergency Response operates a 24-hour child abuse report hotline, initial assessment of child abuse and neglect referrals, and investigations and recommendations for the courts in child abuse and neglect cases.

Family Maintenance provides time-limited pre-placement services to children who have been abused or neglected, and assists children to remain with their families under court-ordered service plans.

Foster Care provides services to children removed from their homes. There is also a Family Reunification program, and a Permanent Placement program, which provides long-term, stable placement for children who cannot safely return to their families.

OAKLAND UNIFIED SCHOOL DISTRICT

In addition to the teachers, instructional aides and administrators, schools within the district have some services provided by counselors, nurses and psychologists. Serving 50,000 students districtwide, are 68 counselors, 39 nurses and 42 psychologists. As a group they are 46% white, 44% African American, 7% Asian, and 2% Latino.

Few schools have all of these professionals providing on-site services. Typically, a school will have one or two of these professionals available the equivalent of one day per week.

Counselors' duties are primarily academic in nature, advising students on academic and career choices. Nurses and psychologists are more likely to be involved with health and social service providers outside the schools.

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

Direct health care services are provided by approximately 1,500 full-time staff and 350 part-time staff, about 70% of whom are based at Highland or Fairmont hospitals. The majority of hospital staff are devoted to inpatient care. The hospitals' outpatient clinics provide only 11.5% of the total clinic-based primary care used by Oakland residents.

Most outpatient services are provided at County clinics (27.1%) or through contract at community-based, non-profit clinics (61.4%).² See table below. The County provides mental health services at its hospitals and clinics, and through contracts with multiple community-based organizations. Drug and alcohol programs are provided only by contract. The County also has an environmental health department.

In addition to the services that are accessed by the patient, there is one service provider who goes to the patient: the Public Health Nurse. There are 88 full-time equivalent positions in Public Health Nursing, many of which are available for home visits in Oakland.

LANGUAGES

Highland General Hospital has over 25 people on staff who speak Spanish. Public Health Nursing Services has over 60 within PHN and at County clinics. There are also several speakers of Asian languages among these staffs. However, bilingual staff are not necessarily direct service providers, and it is usually not possible for a patient to be assisted through the complete service provision process by appropriate staff.

The County's health service contracts also include La Clinica de la Raza and Asian Health Services, with linguistically- and culturally-appropriate services.

ETHNICITIES

Agency-wide, full-time professional staff is composed of approximately 52% whites, 23% African-Americans, 17% Asians, 7% Latinos, and 1% Other. Within Public Health Nursing, African-Americans comprise closer to 33% of the staff, Asians 20% and Latinos 10%. Almost all are women.

Primary Care For Oakland Residents At County and Community Clinics 1989-90²

CLINIC	# PATIENTS	% OF TOTAL
County-run:		
Central Health Center	7,780	14.8
Eastern Health Center	6,499	12.3
Fairmont Hospital	1,760	3.3
Highland Hospital	4,323	8.2
Private nonprofit org	ganizations:	
Asian Health Services	4,776	9.1
East Bay Native Amer	ican	
Health Center	1,968	3.7
East Oakland Health		
Center	5,236	9.9
La Clinica de la Raza	9,364	17.8
West Berkeley Health		
Center	476	.9
West Oakland Health		
Center	10,538	20.0
	52,800	100.0

ALAMEDA COUNTY OFFICE OF EDUCATION

The Alameda County Office of Education (ACOE) provides limited direct services to families. Its primary role is to provide technical assistance and support to school districts and school sites in the county. For example, in 1990-91 the Curriculum and Instruction Division provided 940 hours of support to the district office and over 5,000 hours to the school sites.

Direct service activity is usually in special program areas. For example, ACOE runs the academic component for teen parents (for the program known in Oakland as CTAPPP, profiled in this report) and the Developmentally Delayed Infant Program.

Appendix F: Oakland Collaborative Network

Representatives of these Oakland collaborative programs have been meeting to discuss common agendas. They have been joined by staff from the offices of Mayor Elihu Harris and Supervisor Mary King. Anyone wishing to join the network may contact the Urban Strategies Council.

Alameda County Federal Healthy Start Program

Mildred Thompson, Director 499 Fifth Street, Room 504 Oakland, CA 94607

Tel: 510-268-7921 Fax: 510-834-4679

Alameda Health Consortium

Ralph Silber, Co-Director 1900 Fruitvale Avenue, Suite 2C

Oakland, CA 94601 Tel: 510-261-0622 Fax: 510-261-1049

Community Health Initiative (Kellogg Foundation)

Asian Health Services

Sherry Hirota, Executive Director 310 Eighth Street, Suite 200 Oakland, CA 94607

Tel: 510-465-3271 Fax: 510-451-2786

Community Health Improvement Project East Oakland Youth Development Center

> Connie Dyer, Executive Director 8200 East 14th Street Oakland, CA 94621

Tel: 510-569-8088 Fax: 510-632-6942

Comprehensive Health and Safety Program Oakland Unified School District

> Paul Brekke-Miesner, Program Manager 1025 2nd Avenue

Oakland, CA 94606 Tel: 510-836-8140 Fax: 510-835-2528

East Bay Perinatal Council

Denise Peebles, Executive Director

654 13th Street Oakland, CA 94612 Tel: 510-452-3441

Fax: 510-452-3614

East Oakland Fighting Back

Mark Allen, Executive Director 10 Eastmont Mall. Suite 9 Oakland, CA 94605

Tel: 510-568-7848 Fax: 510-568-1956

The Fruitvale Collaborative

Spanish Speaking Unity Council

Teresa Navarro, Project Director 1900 Fruitvale Avenue, Suite 2A

Oakland, CA 94601 Tel: 510-534-7764 Fax: 510-534-7771

Thurgood Marshall Family Resource Center

Oakland Birth to School Project

Maryam Rashada, Project Director

1079 10th Street Oakland, CA 94607 Tel: 510-836-0911 Fax: 510-836-6636

Oakland Community Partnership

Jim Haye, Executive Director 440 Grand Avenue, Suite 210 Oakland, CA 94601

Tel: 510-251-6347 Fax: 510-251-6340

Representatives of Infant Services

of Alameda County

Andrea Youngdahl, Project Coordinator 6501 Telegraph Avenue

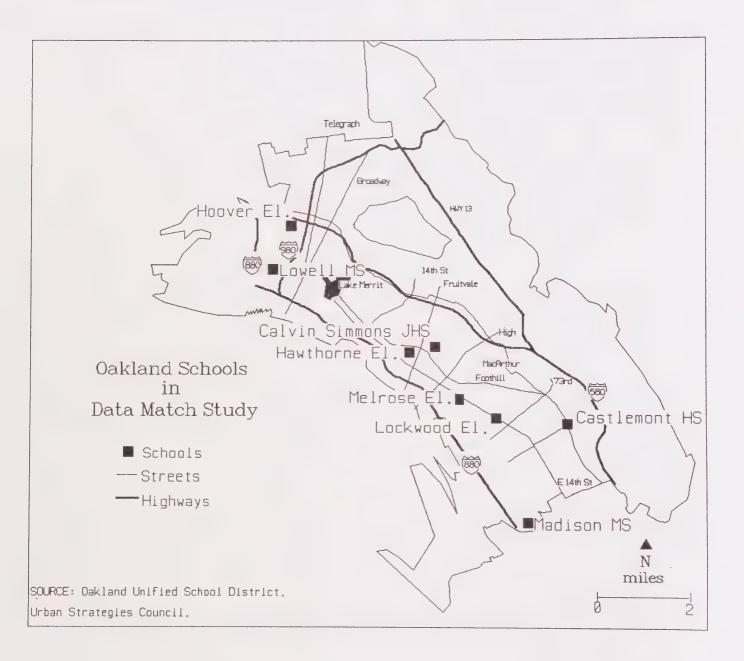
Oakland, CA 94609 Tel: 510-658-8147 Fax: 510-658-8354

Urban Strategies Council

Sheri Dunn Berry, Recorder 672 13th Street, Suite 200 Oakland, CA 94612

Tel: 510-893-2404 Fax: 510-893-6657

Appendix G



Endnotes

INTRODUCTION

1. SeeWhat It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services, Washington, D.C.: Education and Human Services Consortium, January 1991, and Building a Community Agenda: Developing Local Governing Entities, Washington, D.C.: Center for the Study of Social Policy, September 1991.

SECTION 2

- 1. The magnitude of this investment, particularly for the small group of families most in crisis, should not be underestimated. A San Francisco study based on detailed chart reviews of ten children known to multiple systems found total average costs per year per child ranged from \$28,000 to \$104,000. Total costs for all ten children were estimated at over \$2 million.
- 2. For example, it costs the State of California approximately \$33,000 to incarcerate a youth in the California Youth Authority. In 1990-91, Homeless Assistance costs per family averaged \$7,165 in shelter payments, plus \$586 in administrative costs. See Dornbusch, et al., Stanford Studies of Homeless Families, Children and Youth (1991) on traumatic effects of homelessness on children and families. By contrast, California per pupil expenditure for education in 1988 was \$3,840. Fortune Magazine (Spring 1990).
- 3. Those "known" to child welfare or juvenile probation include substantial numbers of students where only an investigation was performed, i.e. no determination of criminal activity or of abuse or neglect was made. Nonetheless, being known to these systems is significant in itself. Child welfare services does not investigate every referral. Typically the referrer must cite current physical evidence supporting the suspicion of abuse. Similarly, an investigation by juvenile probation would only occur after a police arrest.
- **4.** Aid to Families with Dependent Children, the program commonly known as "welfare."
- 5. Data match findings for every program including AFDC are based on counts of actual records. By contrast, the district estimates AFDC participation by comparing the number of children in the school attendance area who are receiving AFDC and who are in the applicable age range to the number enrolled at the school. Its percentage is based on the number of appropriately aged children receiving AFDC divided by the school's enrollment. Thus, where the number

- exceeds 100%, this means that there are more appropriately aged children receiving AFDC in the school attendance area than there are students enrolled at the school.
- 6. By contrast, very few students had established eligibility for MediCal Minor Sensitive Services: only .4%. Under Minor Sensitive Services, youth can receive free family planning and other health services related to reproduction without parents being notified. Eligibility is based on student income, irrespective of parent income. Given the numbers of teens who are sexually active, this service appears underutilized.
- 7. The average for the district in 1990-91 was approximately 36% at all three levels: elementary, middle/junior, and high school (excluding the alternative high schools). In 1988-89, 89% of elementary schools in the hills had a lower mobility index than the district average, while most flatlands elementary schools (75%) had a higher index than the district average. Commission for Positive Change in the Oakland Public Schools, *Good Education in Oakland* (September 1990).
- 8. Only families who are eligible for AFDC are eligible for Homeless Assistance. Also, many families do not know about the program or do not apply.
- 9. Center on Budget and Policy Priorities, "A Place to Call Home: The Crisis in Housing for the Poor, San Francisco-Oakland," Washington, D.C. (April 1990).
- 10. Asians were by far the least likely to have received county-funded mental health services: only .2% of the Asian "households" had a member known to the Mental Health department in the base year. This is an excellent example of service use not reflecting need. A statewide study found that 14.4% of Southeast Asian refugees needed intensive services four times as high as the general population. For Alameda County they estimated that 29% of the Southeast Asian refugees had moderate to severe need for mental health services. Elizabeth Gong-Guy, "The California Southeast Asian Mental Health Needs Assessment," Oakland, CA: Asian Community Mental Health Services (1987).
- 11. La Clinica de la Raza does provide culturally and linguistically accessible health care services to Latino families and is located near those schools in the study which have high Latino populations. Although a significant number of Latino families in the study probably do use La Clinica, demand has exceeded resources to the extent that La Clinica has had a moratorium on new members since 1990.
- 12. The Edna McConnell Clark Foundation, *Americans Behind Bars*, New York, March 1992, p. 13.

- 13. Family Welfare Research Group, "A Second Snapshot of Families, Children, and Child Welfare Services in California," University of California Berkeley (May, 1990), citing reports to the Department of Justice and State Department of Social Services, 1989.
- **14.** Elementary students are considered chronically absent when they are absent three or more times in a single month.
- 15. In each category except child welfare and probation, a person was coded as "known to" the area if they were known during the base year. But in the case of child welfare and probation, "known to" includes persons known in the past.
- **16.** These cost estimates closely resemble those made in a similar San Diego study. See Appendix D.

SECTION 3

- 1. "What it Takes," p. 9.
- 2. Peter Marris and Martin Rein, *Dilemmas of Social Reform: Poverty and Community Action in the United States*, Second Edition, Chicago: University of Chicago Press, 1982, p. 159.

APPENDIX C

- 1. Alameda County Health Care Services Agency, Division of Maternal and Child Health, "County Children and Youth Report Card," 1991.
- **2.** Social Services Agency of Alameda County, count of mandatory AFDC participants in GAIN. Enrollment figures do not count 285 who are part of a study control group and receive no services.
- 3. Oakland Private Industry Council, as of May, 1992.
- **4.** From "A Place To Call Home: The Crisis in Housing For The Poor," (San Francisco-Oakland report) Center on Budget and Policy Priorities, Washington, D.C., 1990.
- 5. Ibid.
- **6.** Alameda County Health Care Services Agency, 1988-89 Status Report on Primary Care, cover letter, pages 11-13 and Appendices A and D.
- 7. Alameda County Health Care Services Agency, Primary Care Survey for fiscal year 1989-90.
- 8. Informal figures from West Oakland Health Center, which also administers East Oakland Health Center, show that waiting times at those two centers have more than doubled in the past two years.

- 9. "County Children and Youth Report Card," op cit. p. 3.
- **10.** Personal communication from the Director of the Juvenile Division of the Probation Department.
- 11. Report Card, op cit. p. 3.
- 12. Report Card, op cit. p. 2.
- 13. Alameda County Health Care Services Agency, Management Services Division.
- 14. Ibid.
- 15. Report Card, op cit. p. 2.
- 16. San Francisco Chronicle, February 14, 1992.
- 17. United Way 1991-92 Funding Emphases Summary Report, page 37.

APPENDIX D

1. Beggs, Marjorie, Pre-publication Report on the Family Preservation Program, San Francisco: Zellerbach Family Fund (to be published by the end of 1992).

APPENDIX E

- 1. Sources for all information in this section were communications with the relevant agency. Occasionally written reports by agencies were also used.
- 2. This is the number of Oakland residents who received care at the listed sites. Both Berkeley Women's Health Center and Over 60 Health Center, which serve substantial numbers of Oakland residents, were omitted, because they were judged not to be serving the population in the data match. Source: Primary Care Survey by Alameda County HCSA.



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